IMPROVING HEALTHY BEHAVIORS PROGRAM IN INDIA

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USAID India COTR: Moni Sagar

Family Health International (FHI 360)

Improving Healthy Behaviors Program in India (IHBP) Work Plan

Year 2/3, July 2012-September 2013

Improving Healthy Behaviors Program in India (IHBP)

Work Plan
July 1, 2012–September 30, 2013

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Table of Contents

Abbreviations and Acronyms

AAP	Annual Action Plan
ACSM	Advocacy, Communication, and Social Mobilization
AIDS	Acquired Immune Deficiency Syndrome
AMP	Award Monitoring Plan
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWP	Annual Work Plan
BCC	Behavior Change Communication
BPA	Blanket Purchase Agreement
CII	Confederation of Indian Industry
CO	Contracts Officer
CRM	Common Review Mission
CTA	Chief Technical Advisor
CTD	Central Tuberculosis Division
DHFW	Department of Health and Family Welfare
DTO	District TB Officer
DWCD	Department of Women and Child Development
EAG	Empowered Action Group
EOI	Expression of Interest
FICCI	Federation of Indian Chambers of Commerce and Industry
FP	Family Planning
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HEIO	Health Education and Information Officer
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPPA	Health Partnership Program Agreement
ICDS	Integrated Child Development Services
ICT	Information and Communication Technology
ICTC	Integrated Counseling and Testing Center
IEC	Information, Education, and Communication
IHBP	Improving Healthy Behaviors Program in India
IPC	Interpersonal Communication
IR	Intermediate Result
IS	Institutional Strengthening
ITBP	India TB Program
IUCD	Intrauterine Contraceptive Device
JRM	Joint Review Mission
JSSK	Janani Shishu Suraksha Karyakram
KAP	Knowledge, Attitudes, and Practices
KM	Knowledge Management
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health

MDG	Millennium Development Goal
MH	Maternal Health
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
MOWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NGO	Nongovernmental Organization
NHCRC	National HIV/AIDS Communication Resource Centre
NIHFW	National Institute of Health and Family Welfare
NIPCCD	National Institute of Public Cooperation and Child Development
NRHM	National Rural Health Mission
NRP	Nutrition Resource Platform
NTI	National Training Institute
ONA	Organizational Needs Assessment
PCI	Project Concern International
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PIP	Project Implementation Plan
PLHIV	People Living with HIV
POA	Plan of Action
PPP	Public-Private Partnership
Popcouncil	Population Council
PPTCT	Prevention of Parent-to-Child Transmission of HIV
PSI	Population Services International
PSM	Preventive and Social Medicine
RFP	Request for Proposal
RH	Reproductive Health
RNTCP	Revised National Tuberculosis Control Program
S&D	Stigma and Discrimination
SACS	State AIDS Control Society
SBCC	Social and Behavior Change Communication
SIHFW	State Institute of Health and Family Welfare
SOW	Scope of Work
STI	Sexually Transmitted Infection
STO	State TB Officer
TA	Technical Assistance
TB	Tuberculosis
TSU	Technical Support Unit
TVC	TV Commercial
U.S.	United States
UP	Uttar Pradesh
UPSACS	Uttar Pradesh State AIDS Control Society
USAID	U.S. Agency for International Development

I. Introduction

A. Background

On October 25, 2010, the U.S. Agency for International Development (USAID)/India awarded a task order to AED to implement a project called "Behavior Change Communication – Improving Healthy Behaviors Program in India" (BCC-IHBP) for a base period of 3 years with two 1-year options. With FHI's acquisition of AED in early 2011, the task order was novated to FHI 360 on June 30, 2011. FHI 360 is the prime contractor responsible for management and technical guidance of the project. FHI 360's subcontractors include the Population Council (Popcouncil), which is responsible for operations research and support to monitoring and evaluation (M&E) activities, and Population Services International (PSI), which supports BCC, mid-media, and interpersonal communication (IPC) activities.

The overall goal and approach of IHBP is to improve adoption of positive healthy behaviors through institutional and human resource capacity building of national-, state-, and district-level institutions. At the time of the task order award, the geographic focus of IHBP at the state level was Uttar Pradesh (UP), where the project was to cover 10 districts. However, with the amendment of USAID's Health Partnership Program Agreement (HPPA) with the Government of India in September 2011, USAID instructed IHBP to focus is technical assistance (TA) at the national level, with support to community mobilization and IPC activities in selected pilot districts.

Now nearing the end of its second year, IHBP provides TA to develop sustainable national- and state-level institutional capacity to design, deliver, and evaluate strategic evidence-based BCC programs that will:

- Increase knowledge and attitudes of individuals, families, communities, and health providers about health
- Promote an environment where communities and key influencers support positive health behaviors
- Reduce barriers of vulnerable populations, e.g., women, people living with HIV (PLHIV), and tuberculosis (TB) patients, to demand and access health services

The project focuses on four program areas (called program elements in the task order): HIV/AIDS, family planning/reproductive health (FP/RH), TB, and maternal and child health (MCH). As per USAID guidelines, IHBP's TA focuses on strengthening institutions and human resource capacity for BCC in the Ministry of Health and Family Welfare (MOHFW) and the National AIDS Control Organization (NACO) and their affiliated training institution—the National Institute of Health and Family Welfare (NIHFW). IHBP is supporting limited efforts to strengthen BCC capacity in the Ministry of Women and Child Development (MOWCD) that will improve information and communication activities within its Integrated Child Development Services (ICDS) program.

USAID/India's Health Results Framework aims to improve the health of target populations and to reduce morbidity and mortality in support of India's efforts to achieve the Millennium Development Goals (MDGs). USAID's Assistance Objective in India is to strengthen health systems to address the health needs of vulnerable populations. IHBP will contribute to achievement of this Assistance Objective, specifically, to Intermediate Result (IR) 3, Increased Healthy Behaviors, through four key results:

- **Result 1:** Institutions and capacity strengthened to design, deliver, and evaluate strategic communication at national, state, and district levels
- **Result 2:** Accurate and appropriate knowledge/attitudes increased in individuals, families, communities, and providers at district, state, and national levels
- **Result 3:** Community platforms, organizations, and key individuals (influencers) support improved health behaviors
- **Result 4:** Vulnerable communities empowered to seek health services and products

This narrative describes the annual work plan (AWP) for the project's implementation year, from July 1, 2012 to September 30, 2013, the end of its base period.

B. Developments Affecting IHBP Thrusts and Implementation

B.1 AED Suspension and USAID Instruction to Delay in Major Actions

IHBP's project start-up was delayed due to AED's suspension in December 2010, which led to the USAID Contracts Officer (CO) instructing AED to delay major actions, notably, recruitment of staff, signing of office leases in New Delhi and Lucknow, signing subcontracts with partners, and major procurements. On the technical aspect, introductions to government partners and approvals of AWPs and the award monitoring plan (AMP) were postponed. With the announcement of AED's acquisition by FHI (which became FHI 360) in June 2011, the "delay" instructions were lifted and the project resumed suspended activities.

B.2 USAID Instruction to Suspend Activities in Uttar Pradesh

In August 2011, USAID directed IHBP to limit activities in UP, particularly with the Department of Health and Family Welfare (DHFW), and continue selective support to the Uttar Pradesh State AIDS Control Society (UPSACS) and Department of Women and Child Development (DWCD). This was because there were renewed negotiations between USAID and the MOHFW on selection of states for USAID assistance. In September 2011, USAID advised IHBP to focus on national-level activities, since decision on the state had not yet been reached. Thus, IHBP focused activities at the national level. No activities in UP were pursued.

In a meeting with MOHFW Additional Secretary Desiraju on February 28, 2012, agreement between USAID and the MOHFW was reached that Rajasthan would be the focus state for USAID and IHBP support. After the meeting, USAID advised IHBP to initiate preparatory activities (situation analysis, identifying partners) and that, in the meantime, no formal approval had been given. USAID instructed IHBP not to initiate any activities, including meetings with the Rajasthan government, on the ground. With this advice, IHBP started its situation analysis. In

April 2012, USAID informed IHBP that no final decision had been made on Rajasthan. Considering this, USAID affirmed its guidance to IHBP to focus on national-level activities.

B.3 Technical Assistance to National-Level Partners

In the last quarter of 2011, IHBP initiated TA in response to a request from the MOHFW to develop an integrated BCC campaign for the FP Division and for the Maternal Health (MH) Division. The FP campaign aims to reposition FP (from limiting to birth spacing), while the MH campaign aims to promote MH behaviors in support of the government's *Janani Shishu Suraksha Karyakram* (JSSK) scheme, which was launched in June 2011. This scheme provides completely free and cashless services in government health institutions to pregnant women for normal deliveries, cesarean operations, and care of sick newborns (up to 30 days after birth). IHBP initiated discussions with the MOHFW's IEC Division on the organizational needs assessment (ONA) for BCC and planned support to the NIHFW as a Center of Excellence for training various categories of information, education, and communication (IEC) personnel on BCC. The ONA would be the first step in developing an institution strengthening and capacity building plan on BCC for the MOHFW, which was a major activity in the IHBP Year 1 work plan. IHBP held meetings with the MOWCD in response to its request for support in launching and operationalizing its Nutrition Resource Platform (NRP) as a Resource Center for all aspects of nutrition, including nutrition education and communication. IHBP also provided assistance to NACO in response to its request to evaluate a cinema ad campaign on sexually transmitted infections (STIs) and to develop an internet campaign on HIV/AIDS prevention targeting the youth.

B.4 Plans of Action with National-Level Partners

Following USAID's advice, IHBP proposed Plans of Action (POAs) for collaboration with each of its government partners: MOHFW (IEC Division, including the NIHFW, FP Division, and MH Division); MOHFW, Central Tuberculosis Division [CTD]; NACO; and the MOWCD. The NACO POA was first presented and discussed with the NACO Additional Secretary on January 24, 2012. It was revised and submitted to the NACO Joint Director IEC on February 14, 2012. A further revised plan was approved by the Additional Secretary during a meeting with USAID and IHBP on June 27, 2012. The MOHFW POA was submitted to the MOHFW in May 2012. The IEC Division Joint Director agreed to IHBP support, but stated that before any action is pursued IHBP needs to conduct a rapid ONA on which to base a capacity building and TA plan. IHBP submitted its POA for the CTD on March 26, 2012, and approval was given verbally by the Deputy Director General to move ahead with activities, in collaboration with PATH, which is implementing the USAID-funded India TB Program (ITBP).

B.5 Changes in Thrusts to IHBP Work Plan

The work plan for the period July 1, 2012 to September 30, 2012 reflects activities in the above-mentioned POAs plus a POA with the MOWCD. It should be noted that *these plans reflect a change from what was originally envisioned in FHI 360's proposal on which USAID's award was granted.* The key changes are:

1. *Increased focus on capacity building over institution strengthening*. In the original proposal and previous AWPs and AMP submitted to USAID, institution strengthening was the core of the IHBP approach. The vision was to strengthen the MOHFW's IEC Division and other program divisions for BCC first and, based on increasingly strengthened capacities, BCC activities at the national, state, and district levels (strategic planning, development of communication materials, mid-media, and IPC) would be implemented by the strengthened agencies with TA from IHBP. It has become increasingly clear that institution strengthening goals may not be achievable within IHBP's existing time frame. The more realistic goal is capacity building. However, this applies only to the MOHFW, the CTD, and the MOWCD. NACO has categorically stated that capacity building of staff is not a priority, since the HIV/AIDS communication program is already in an advanced stage. Rather than capacity building and training, NACO needs tools to guide IEC officers in various aspects of BCC programming.
2. *Increased focus on direct TA to national-level BCC campaigns*. IHBP identified direct TA in development of BCC campaigns and communication materials as secondary to institution strengthening and capacity building. However, TA has gained increased importance in the POAs with various partners. Most of the assistance is in the form of support to the development of national integrated BCC campaigns on health and HIV/AIDS and development of prototype materials.
3. *More support for mass media*. The original project concept was for IHBP to provide minimal support to mass media activities and to increase support to mid-media and IPC. This was to offset the imbalance between government spending for IEC, which has had more allocations for mass media that served to increase awareness levels but did not improve health practices. The POAs contain support for mass media materials development and media planning on a scale that was not originally envisioned. However, mass media support is seen as part and parcel of integrated BCC campaigns, which have equally important mid-media and IPC components.
4. *Significantly reduced support to states and districts*. Considering the lack of a state focus and thrust for assistance to national-level activities, IHBP support to states and districts has decreased. However, since IHBP continues to see the need for demonstrating the importance of mid-media and IPC to behavior change targeted by any mass media or multi-media campaign, the project will provide limited support to community mobilization and IPC activities in six blocks in three districts. These activities will be mainly anchored on national-level BCC campaigns that IHBP is supporting, specifically the FP and MH campaigns.
5. *Revised evaluation strategy*. IHBP's AMP and concomitant evaluation strategy has been revised. The original plan was to have a baseline and endline within the 3-year base period to determine changes in behaviors as a result of IHBP-supported but government-led interventions. Actual integrated BCC activities (mass media, mid-media, IPC) are planned for implementation in the latter part of 2012 and into 2013 in the six blocks. There will be a baseline but an endline may not be possible, especially if the option year is awarded. Thus, process documentation and monitoring assume greater importance. Additionally, many of the national-level BCC campaigns that BCC will support entail

government implementation of mass media placements, production and distribution of materials, and corresponding training of health workers. Thus, evaluation of IHBP influence on behavior changes due to these campaigns is difficult, since IHBP has no control on implementation. For these campaigns, IHBP will conduct reach and recall studies, which is the best it can do under the circumstances.

II. Project Management

From July 2012 to October 2012, activities will be accelerated ensure that the Improving Healthy Behaviors Program in India (IHBP) is fully operational at the national level and that support to pilot districts at state, district, and block levels are in place. The project has faced difficulties in completing staffing for the Institution Strengthening (IS) and Monitoring and Evaluation (M&E) positions in New Delhi and in recruiting for the Senior Private Sector Advisor. In the previous year, IHBP completed hiring of the Chief Technical Advisors (CTAs) for IS and M&E, but both candidates decided not to start employment with the project. The Procurement Officer resigned in May 2012, while the Advocacy Specialist resigned effective July 1, 2012. IHBP has identified and USAID has approved a new candidate for Advocacy Specialist, who will join the project on July 16, 2012. Until recently, the search for a suitable candidate for Leveraging Advisor had not been successful, despite the project's hiring a recruitment agency and multiple postings. A new, targeted recruitment with another recruitment agency resulted in a shortlisted candidate who meets fhi 360 criteria. Formal hiring processing is taking place and IHBP expects to have a candidate for USAID approval by August 2012. The M&E Specialist seconded by Population Council (Popcouncil) resigned February 2012, and a replacement candidate has been sent to USAID for approval that is still pending.

1. *Recruitment of all vacant staff positions in New Delhi.* IHBP will complete recruitment for vacant positions in Delhi. The positions that need to be filled are:
    - CTA IS
    - CTA M&E
    - Senior Private Sector Advisor
    - Procurement Officer
    - Social Mobilization Advisor Specialist – proposed new position in Delhi to provide overall oversight for planning, M&E of community mobilization, and IPC activities in the six pilot blocks on family planning/maternal health (FP/MH), as well as pilot behavior change communication (BCC) activities on tuberculosis (TB) and HIV/AIDS.

    Recruitment for the Lucknow office will continue to be suspended, since this office will probably close in the near future, once USAID instruction is received. The work plan budget to be submitted has been developed based on the assumption that the Lucknow office and its staff will terminate on September 30, 2012.

2 and 3. *Approve work plans and budget for July 2012 to July 2013 for Popcouncil and Population Services International (PSI), and sign a new subcontract, and approve the work plan and budget with Project Concern International (PCI).* Currently, IHBP is restricted by the USAID Contracts Officer (CO) from signing sub-agreements and approving partner work plans. Until that restriction is lifted, we cannot approve work plans for our partners or sign the sub-agreement with PCI. Based on discussions during the work planning meeting held in May 2012 and taking into account the competencies they can bring to the table, new

scopes of work (SOWs) have been agreed upon with IHBP subcontracting partners. These basic SOWs are:

- *Popcouncil* – Aside from seconding one M&E Specialist to IHBP New Delhi, Popcouncil will be responsible for two operations researches on community mobilization through self-help groups and male involvement on FP/MH through mobile phones and development of a module on M&E for BCC, including training of trainers and cascade trainings.
- *PSI* – Aside from seconding one BCC Specialist to IHBP New Delhi, PSI will be responsible for a desk review and formative research to probe barriers and facilitators to early diagnosis and continued treatment of TB in urban areas; evidence needed to develop an urban advocacy, communication, and social mobilization (ACSM) TB strategy; assistance in development of this strategy; and action research to improve and mobilize private health providers for FP.
- *PCI* – Will be responsible for leading community mobilization and interpersonal communication (IPC) activities in the six pilot blocks in three districts through hiring and overseeing the work of two Community Mobilization Officers in each block (total 12), training of accredited social health activists (ASHAs) and auxiliary nurse midwives (ANMs) in six pilot blocks, technical assistance (TA) and supervision of community mobilization and IPC activities in these blocks, support in review of grants proposals, and documentation of community mobilization and IPC activities.

Aside from these basic SOWs, these partners will participate in project planning and review meetings and provide TA to specific BCC activities, as necessary.

4. *Recruit staff in the state, districts, and blocks where pilot districts are located.* IHBP will recruit **one State Coordinator for Uttar Pradesh** (UP) state. This State Coordinator is needed to coordinate activities with the UP government (National Rural Health Mission [NRHM]), which is very interested in coordinating BCC activities and innovations in the state. Additionally, IHBP will support community-level BCC activities on TB in urban areas and the Annual Action Plan (AAP) of the Uttar Pradesh State AIDS Control Society (UPSACS), aside from the FP and MH community mobilization and IPC activities in four blocks in two districts. This necessitates a senior-level person who will be available on a daily basis in the state. FHI 360 will also recruit **one District Coordinator for each of the three districts (two districts in UP and one district in Rajasthan)** to coordinate IHBP activities; interact with the district government; and oversee capacity building, BCC activities, and M&E. The District Coordinator will provide technical oversight in the field to the two Block Coordinators to be hired by PCI for each block. IHBP will place a total of 16 staff (four staff for IHBP and 12 staff for PCI) by October 2012 in time for the launch of community mobilization and IPC activities in November 2012.

5. *Recruit long-term consultants to support IHBP activities.* Considering the significant increase in activities at the national level and with the decrease in activities at the state and district levels, IHBP will require long-term consultants to effectively accomplish the Plans of Action (POAs) agreed upon with the Ministry of Health and Family Welfare (MOHFW),

the National AIDS Control Organization (NACO), and the Ministry of Women and Child Development (MOWCD) and to respond to their discrete TA needs. IHBP plans to recruit nine long-term consultants—two for BCC, two for M&E, one for institution strengthening/ capacity building, and one subject matter expert-consultant (Advisors) for each of the program elements (FP/RH, maternal and child health [MCH], HIV/AIDS, and TB). IHBP initiated recruitment of the TB Advisor in May 2012, and followed it up with advertisement of positions for advisors for the other three program elements late in May 2012.

6. *Procure computers for consultants and staff.* IHBP plans to procure computers needed for new staff to be recruited, as well as needed computers for consultants to be seconded to government, as necessary. The planned procurement of two vehicles (one for Delhi and one for UP) will no longer be pursued, since the project can operate with hired vehicles.

7 and 8. Hire a research agency and an advertising agency on a blanket purchase agreement (BPA) to assist IHBP. To expedite research and BCC activities (considering the large number of research studies planned during the July 2012–September 2013 period) without going through a process of bidding for each major activity, IHBP will hire a research agency and an ad agency using a BPA. The selected research agency will undertake planned baseline and endline studies; pretests of BCC materials, products, and prototypes; and reach and recall studies and qualitative research, as necessary. The request for proposal (RFP) for the research agency was released on July 10, 2012. The ad agency will undertake BCC tasks as approved in the NACO POA, e.g., production of communication materials and campaigns. The NACO RFP was released on July 4, 2012 and we expect to award it in September.

9. *Orient new IHBP staff and consultants and conduct regular online training on USAID FP guidelines.* As staff are recruited, FHI 360 will orient them on our and USAID's procedures and processes. IHBP will ensure that all new staff complete the mandatory online USAID FP training and that existing staff complete the required yearly refresher trainings.

10. *Conduct regular project progress meetings.* IHBP will organize regular progress meetings with key FHI 360 and subcontractor staff and USAID to review progress of activities. Meetings are planned on a semiannual basis at the national level starting in Quarter 3. Field visits may also be included during these meetings.

11. *Conduct semiannual performance meetings.* IHBP will meet with USAID on a semiannual basis (at the end of Quarter 2 and at the beginning of last month of Quarter 4) to discuss progress of activities during the preceding 6 months and plans for the succeeding 6 months.

12. *Prepare quarterly progress reports, semiannual and annual reports, and final project report for the base period.* IHBP will prepare these reports as required by the task order.

MILESTONES AND WORK PLAN FOR IHBP: JULY 1, 2012–SEPTEMBER 30, 2013

Project Management/Operations

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline														Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
0.1	Complete recruitment of all project staff for Delhi offices				Staff in place to implement project activities																Vacancies in CTA (IS), CTA (M&E), Advisor Leveraging, M&E Specialist (Popcouncil), and Procurement Officer; new proposed Social Mobilization Specialist.
0.2	Approve annual work plan required under the subcontracts of PCI and PSI				Work and budget approved with PCI and PSI based on the revised SOW																Requires USAID CO approval to approve work plan. PCI will conduct operations research and training for M&E on BCC. PSI will conduct formative research for and help in urban TB ACSM strategy, and mobilize private providers for FP.
0.3	Sign subcontract with PCI				Signed subcontract with PCI and approved work and budget																Requires USAID CO approval to sign the subcontract and approve the work plan. PCI will lead community mobilization and IPC in six pilot blocks, train ASHAs and ANMs at the block level, and provide two Community Mobilization Officers per block.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline														Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
0.4	Recruit staff component for UP state and three pilot districts (IHBP)		■	■	16 staff in place to oversee state activities and implement project activities in two districts of UP and one district of Rajasthan (4 staff for FHI 360 and 12 staff for PCI)			■	■	■	■	■	■	■	■	■	■	■	■	■	■	FHI 360 will recruit one State Coordinator for UP and one District Coordinator for each district. PCI will recruit two Community Mobilization Officers for each block.
0.5	Recruit long-term consultants to support IHBP for key deliverables	■	■		9 consultants hired		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	Two consultants for M&E, two for BCC, and one for IS/capacity building, four consultants (one each for HIV/AIDS, FP/RH, MCH, and TB).
0.6	Procure computers for long-term consultants and staff	■	■	■	One per staff		■	■	■													
0.7	Hire a research agency with a BPA to assist IHBP in undertaking specific research tasks (baseline study, pretests, reach and recall studies, etc.)	■			Contract with research agency signed				■	■	■	■	■	■	■	■	■	■	■	■		
0.8	Hire an ad agency (BPA) to assist IHBP in developing campaigns and materials for NACO specified in the work plan	■			Ad agency contract signed				■	■	■	■	■	■	■	■	■	■				
0.9	Conduct orientation meetings for new staff and regular online training on FP policy guidelines	■			Orientation conducted			■	■	■	■	■	■	■	■	■	■	■	■			
0.10	Conduct semiannual project progress meetings (FHI 360, subcontractors, USAID) to review national and district activities	■			Review meetings conducted							■						■				
0.11	Conduct semiannual performance meetings with USAID	■			Meetings conducted							■						■				
0.12	Prepare quarterly progress reports, annual reports, and project final report for base period	■			Reports submitted		■			■			■			■			■		■	This includes development of project monitoring templates, use of U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan templates, and other tools used by USAID for project monitoring.

III. Work Plan: July 1, 2012–September 30, 2013: Ministry of Health and Family Welfare

A. Background/Introduction

In 2005, the Government of India's Ministry of Health and Family Welfare (MOHFW) launched a 7-year flagship program called the National Rural Health Mission (NRHM) to strengthen the country's public health care delivery system. The goal of NRHM is to improve the availability of and access to quality health care, especially for those residing in rural areas, the poor, women, and children. Behavior change communication (BCC) (information, education, and communication [IEC] in NRHM's parlance) is considered an integral part of the mission, vital for persuading a range of stakeholders to change their attitudes and behaviors and to create an increase in demand for services and improved quality of care.

A 2008 UNICEF-supported study indicated that while the IEC Division of the MOHFW conducts an "impressive range of activities," around 90 percent of the budget outlay (2006–07) is accounted for by the Ministry of Information and Broadcasting, television, and radio, with high priority given to branding of NRHM. The study acknowledged the MOHFW's efforts to improve thematic campaigns and distribution of audio, video, and print materials to various audience groups at the state level. The UNICEF study also suggested the need for a national-level BCC strategy along with a monitoring plan for IEC/BCC activities. The latest findings of the Common Review Mission (CRM), Round 4 and the Joint Review Mission (JRM), Round 7 acknowledges that there is a need to strengthen capacity within the IEC Division. The aforementioned studies also recommended that the IEC Division finalize the proposed structure, staffing, and terms of reference for the BCC Technical Support Unit and develop strategic media plans and a capacity building plan for its national- and state-level staff. One key recommendation of the JRM, Round 7 is to consolidate the IEC portfolio for better planning and achieving economies of scale, considering that the MOHFW considers the IEC Division as planner and coordinator for BCC activities among various divisions within the ministry.

B. IHBP Support for July 2012–September 2013

In line with IHBP's mandate to strengthen institutional and human resource capacity of the MOHFW for designing, delivering, and evaluating BCC programs and to provide technical assistance (TA) to planning and implementing BCC integrated strategic plans, IHBP submitted a Plan of Action (POA) for TA to the IEC Division in May 2012. IHBP's proposed technical support to the IEC division consists of the following key activities:

- *Establishment of a BCC Technical Support Unit within IEC division* for assistance in improving the management and coordination of IEC/BCC interventions within the MOHFW
- *Assistance in building capacity for the IEC Division*
- *Development of the National Institute of Health and Family Welfare (NIHFW) as a Center of Excellence* to meet the training needs in BCC for various cadres of MOHFW staff at the national and state levels, including IEC officers, program managers, and

health workers, like auxiliary nurse midwives (ANMs) and accredited social health activists (ASHAs)

- *Identification of and mentoring to nodal organization(s)[1] to support the IEC Division* in planning the communication interventions, prototype development, media planning, mid-media and interpersonal communication (IPC) activities, and monitoring and evaluation (M&E) of IEC/BCC interventions
- *Theme-based TA on BCC for family planning (FP) and maternal health (MH)*
    - Development and implementation of integrated social and behavior change communication (SBCC) campaign to reposition FP
    - Development and implementation of integrated SBCC campaign for maternal and child health (MCH)
    - TA to the Central Tuberculosis Division (CTD) on advocacy, communication, and social mobilization (ACSM)
- *Support to strengthened coordination between the national and state governments*

These activities are discussed in the following sections under IHBP's four intermediate results (IRs).

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational structure, management systems and processes, and human resource for SBCC strengthened at national and state levels

1.1.1 Complete rapid organizational needs assessment

In May 2012, with the full support of the Joint Secretary, IEC, IHBP initiated work on a rapid organizational needs assessment (ONA) to update findings of previous evaluations conducted on BCC capacity, e.g., UNICEF's 2008 study, CRMs, and JRMs; to determine actions taken regarding recommendations of these evaluations; and to identify feasible recommendations (previous or new ones) that the IEC Division could institute to strengthen its role in BCC planning, management, and evaluation in the MOHFW. The rapid ONA consists of a desk review of previous evaluations undertaken, interviews of key IEC Division and program Division officials at the national level, officials of the NIHFW, and key IEC officials in three states—Uttar Pradesh (UP), Rajasthan, and Orissa. The rapid ONA will be completed in July 2012, and findings and recommendations will be used to firm up a more specific institution strengthening and capacity building plan for the IEC Division, which is projected to take place in August.

[1] A nodal agency or organization is a not-for-profit or for-profit entity that IHBP will identify to groom as a technical assistance agency to the Ministry of Health and Family Welfare, the National AIDS Control Organization, and the Ministry of Women and Child Development and their counterparts in the state for social and behavior change communication.

1.1.2 Second four BCC consultants to the IEC Division and one consultant to the NIHFW

To activate the Technical Support Unit (TSU) as recommended by previous evaluations, IHBP will recruit and second four consultants to the IEC Division; these consultants will constitute the TSU. They will have the following complementary skills sets: two consultants for BCC strategic planning and implementation, one consultant for training/capacity building, and one for M&E. Interviews of the shortlisted candidates for the first consultant to be hired were conducted in late June 2012. One consultant will be placed in July 2012 and the remaining three will be placed by October 2012. A BCC capacity building consultant will be place at the NIHFW in November 2012.

1.1.3 Assist in establishing Resource Center

Support launch and operationalization of the BCC Resource Center at the NIHFW. A BCC Resource Center will be launched and operationalized. The Resource Center is envisioned as a media resource center, a communication professionals' resource pool, an evidence-based research repository, the source of tested communication management tools to plan integrated campaigns, and a communication capacity building hub for all staff at national and state levels. IHBP will provide technical support in the start-up, operationalization, and sustained strengthening of the center through digitization of content, classification and cataloguing of content, development of a physical library, design and development of a digital library and information portal, and initial subscription to journals (online and physical). It is projected that these activities will be initiated in March 2013.

1.2 Outcome 2: SBCC training developed and conducted for improved competencies at national, state, and district levels in evidence-based SBCC

1.2.1 Develop capacity building plan for the IEC Division and for the NIHFW

As stated earlier, the rapid ONA results will be used to develop a capacity building plan for the IEC Division and NIFHW in August and September 2012. The IEC Division and NIHFW officials will be involved in development of this plan. The NIHFW capacity building plan will be in line with the goal of developing this institute as a Center of Excellence for BCC capacity building of various categories of IEC/BCC personnel. The trainings described in the succeeding sections are training courses that will eventually be offered by the NIHFW as the Center of Excellence. Additionally, as a Center of Excellence, IHBP will provide support to strengthening a BCC Resource Center at the NIHFW. As of now, IHBP still needs to enter into a memorandum of understanding (MOU) with the NIHFW to launch activities to accomplish this goal.

1.2.2 Develop/adapt modules and training materials on SBCC

The rapid ONA will confirm the lack of training of IEC Division officials on BCC at the national and state levels. To help institutionalize training and retraining of IEC and program Division staff, IHBP will assist in developing standardized training courses for specific categories of IEC personnel at the national, state, and district levels. This activity will start with development or

adaptation of training modules and materials. The following modules and corresponding training materials will be developed.

a. *Half-day orientation module for senior government officials.* This will be an overview of the SBCC approach relevant to the Indian health context and will aim to raise understanding and appreciation of senior IEC and program officials at national and state levels on BCC. The module will be completed in July 2012.

b. *Module for ANMs and ASHAs on community mobilization and IPC*. This activity is being conducted in collaboration with the NIHFW. The module development will be completed in July 2012 and will be pretested among ANMs in Delhi in late July 2012 to early August 2012.

c. *Five-day training course for national, state, and district IEC officers on SBCC.* This course will be offered by the NIHFW for IEC officers at various levels. This will strengthen skills in strategic planning of integrated BCC programs for health, managing BCC activities, and M&E. It will also include development of creative materials and an overview of effective mass media planning and community mobilization approaches. The module is planned for completion in September 2012.

d. *Online course in SBCC for government staff working on IEC/BCC at all levels.* The online course, to be based in the aforementioned 5-day training course, will be offered jointly by the NIHFW and Ohio University, which offers a similar course under the USAID-funded C-Change project implemented by FHI 360. It is intended for IEC or program staff that are interested in SBCC training but that do not have the time or resources to attend a face-to-face training course. IHBP has initiated discussions with Ohio University and it has agreed to collaborate on this activity. The launch of the online course is projected for December 2012. IHBP will also help in promoting the course to various stakeholders.

e. *Training manual on M&E of BCC for state and district M&E officers*. IHBP subcontractor the Population Council (Popcouncil) will lead this activity. As M&E of the health program is done by the Department of Statistics in the MOHFW and State Monitoring Cells in the state(s), IHBP will develop a 2-day training course for officers from the Department of Statistics, State Monitoring Cells, State Institute of Health and Family Welfare (SIHFW), and Preventive and Social Medicine (PSM) Departments of medical colleges of selected states. Completion of the manual is expected by October 2012. The course will include development of BCC indicators (outcome, output, process, and input), monitoring of BCC indicators for FP and MH, and integration of BCC monitoring in the current health management information system (HMIS).

1.2.3 Develop BCC Resource Toolkit

IHBP will develop a resource toolkit for use by IEC officers at various levels. This toolkit will comprise "how-to" guides, job aids, and materials on various aspects of BCC programming. The

toolkit will be developed by September 2012. It will be pretested among a group of IEC officers in October 2012 and finalized in November 2012.

1.2.4 Conduct orientations and training of trainers on training courses

After completion of module development, IHBP will support orientations and training of trainers on the above-referenced courses as follows.

a. *Half-day orientations for senior government officials at the national level.* This is planned for relevant additional secretaries, joint secretaries, and senior program division staff at the national level in August 2012.

b. *Training of master trainers of ANMs and ASHAs on community mobilization and IPC*. A total of 30 master trainer ANMs will be trained in collaboration with the NIFHW from July to August 2012.

c. *Training of master trainers on the 5-day SBCC training course*. From 8 to 10 trainers from the NIFHW will be trained in October 2012, with a refresher course in November 2012.

d. *Five-day training of selected national and state IEC officers*. A total of 120 officials from the national and state levels will be trained by the previously trained master trainers from the NIHFW. The training series is planned for November, January, March and April.

e. *Online course.* IHBP with the NIHFW will promote the online course to national and state/district IEC officers and interested stakeholders through dissemination of information online in various websites, printed materials, and ads in selected publications.

f. *Orientations of key national and state IEC officers on the BCC Resource Toolkit*. In December 2012, IHBP will support orientations of key officers on the toolkit, which would have been completed in November.

g. *Training of trainers in BCC M&E.* Popcouncil will lead this activity. A total of 25 master trainers at the national and state levels will be trained using the manual that has been developed for this purpose. Popcouncil will undertake a national-level training with the NIHFW for two staff from the Department of Statistics, MOHFW, and from the SIHFW, State Monitoring Cell, and PSM Department of medical colleges from each of the four selected NRHM priority states. This will be conducted in October 2012.

h. *Training of district monitoring officers by trained master trainers on M&E in two states (where IHBP pilot districts are located).* IHBP will provide mentoring support to state teams in rolling out the trainings for the monitoring officers in the District Health Societies in each of the selected states. IHBP will advocate with State NRHM to provide resources for state-level trainings. Popcouncil will facilitate three trainings in each of the two states. The first training will be conducted by Popcouncil with master trainers as observers, the second will

be jointly facilitated by Popcouncil and the master trainers, and the third will be conducted by the master trainers with Popcouncil as mentors. This is planned for November–December 2012.

1.3 Outcome 3: Nodal organization selected and trained at national level

One key strategy to ensure that the technical support for BCC is available to government is to strengthen capacity of a nodal organization and link it with the MOHFW. During the forthcoming work planning period, IHBP will assist in selection of the nodal organization and in strengthening its capacity to provide TA to the MOHFW on various aspects of BCC work, including strategic planning, materials development, media planning, advocacy, community mobilization, and IPC.

The vision for the nodal organization

As the word "nodal" suggests something that is of the nature of, or relating to, a centering point of component parts, IHBP expects the selected nodal organization to play the role of a "centering point" for SBCC work that the MOHFW undertakes in India.

The IHBP vision for the nodal organization translates as "an organization of choice for the Ministry of Health and Family Welfare for assistance in behavior change communication." The scope of the nodal organization will include:

- Providing high-quality assistance in developing, implementing, monitoring, and evaluating BCC campaigns. For purpose of the project, "high-quality assistance" means assistance that is provided in time, is reliable, and is based on evidence.
- Building capacity of sustainable BCC skills in the government. This will include running medium- and short-term courses in BCC, either in-house or in collaboration with a renowned development communication training school.
- Facilitating needed assistance in strategy and plan development, procurement of services for developing creative materials, buying and planning media, and monitoring and evaluating BCC materials, across all channels—mass media, mid-media, and social mobilization/ IPC.

IHBP's assistance to the nodal organization will encompass strengthening its capacity across four "P"s: Policy, People, Processes, and Practices. "Policy" will include having a firm and comprehensive SBCC approach/framework that will guide its SBCC work and assistance. IHBP will assist in getting this framework integrated across its system. "People" will mean assessing the organization's current human resources and providing it with necessary assistance in recruiting staff to fill competency gaps and providing training and tools as needed to strengthen capacity. "Processes" will include procurement processes, planning processes, and TA processes. "Practices" will include strengthening knowledge and skills across all practices of SBCC: mass media, mid-media, social mobilization, IPC, and use of various communication/media channels, including new media.

As the nodal organization needs to sustain its role beyond IHBP, FHI 360 will explore the potential scope of a long-term institutional arrangement between FHI 360 and the selected nodal organization, wherein the two organizations will jointly bid for BCC-related requests for proposals and jointly implement future programs in BCC.

1.3.1 Select organization as nodal agency

The scoping study to identify qualified organizations that have potential for becoming a nodal agency was completed in July 2012. Findings from this study, including a shortlist of organizations along with an analysis of their strengths and weaknesses, will be presented to USAID and the MOHFW in July 2012. From this shortlist, IHBP will facilitate selection of the nodal agency by USAID and the MOHFW. Once selected, IHBP will work with the agency to develop an action plan that will be used to prepare the terms of reference for entering into a subcontract with this agency.

1.3.2 Assist nodal agency implement the action plan and assess progress

IHBP will work closely with the nodal agency to operationalize its action plan. IHBP will also strengthen capacity of the nodal agency on SBCC. This will include specific training sessions on SBCC as well as on-the-job mentoring and training. The latter will involve mentoring and training nodal agency staff in the provision of specific TA support to the MOHFW and other IHBP partner government agencies (MOHFW-CTD, MOWCD, and[NACO) in moving forward the IHBP POAs. In performing these TA tasks, IHBP will closely involve the nodal agency. IHBP will also conduct quarterly performance review meetings to assess improvement of the nodal agency's capacity and discuss issues and actions to be taken to address any issues.

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Outcome 1: Evidence-based strategic plan and campaigns developed for FP/RH and MCH

2.1.1 Gather evidence for developing strategic SBCC plans and campaigns and specific BCC interventions

IHBP supported secondary reviews of BCC best practices on FP and MH and, through our subcontractor, Population Services International (PSI), conducted desk reviews of community platforms and incentive schemes. From August to September 2012, IHBP will summarize findings from these reports into a monograph series for dissemination.

2.1.2 Assist in updating BCC strategies or developing new strategies

For this planning period, no support to the MOHFW is envisioned, except for the CTD, which is discussed in a separate section.

2.1.3 Assist in developing Annual Action Plans and Project Implementation Plans

IHBP will support the IEC Division to provide TA to states in developing Annual Action Plans (AAPs) and Project Implementation Plans (PIPs) on IEC/BCC that would more effectively use a mix of media channels (mass media, mid-media, and IPC) and improve M&E of BCC activities.

2.1.4 Gather new evidence through operations research

a. *Operations research on effectiveness of self-help groups for community mobilization*. Popcouncil will lead this research, which will be conducted in the IHBP pilot districts from November 2012 to April 2013. The idea of doing the operations research with self-help groups is to superimpose the component of health onto currently ongoing activities (microfinance and women empowerment) to disseminate the information. Data show that health workers are currently covering only 40–50 percent of the total population in the village and Scheduled Castes/Scheduled Tribes/minority groups are deprived of information and services. Dissemination of information (through IPC) by self-help groups may change the behavior in the long run and also reach the underserved population.

b. *Operations research on male involvement in FP/MH through use of mobile phones*. Popcouncil will lead this activity, which will be conducted in the IHBP pilot districts from November 2012 to April 2013. IHBP will leverage value-added services of private mobile operators and approach them for their corporate social responsibility role to provide mass messages to the targeted population. The operations research will focus on how MH, child health, and FP messages received by men in the community are communicated to their spouses, thereby influencing behavior change for FP and MH and also generating male involvement in the practice.

2.1.5 Assist in developing integrated BCC campaigns

IHBP has completed support to the FP and MH Divisions in developing an integrated BCC campaign plan to reposition FP from limiting to birth spacing and to promote MH behaviors, respectively. The FP campaign will initially target the eight Empowered Action Group (EAG) states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, UP, and Uttaranchal, plus the states of Assam, Gujarat, and Haryana. The MH campaign will target the eight EAG states plus Assam. This work plan period will focus IHBP support in development and production of prototype materials and campaign launch for all target states, and specific support to community mobilization and IPC activities in three selected districts in two states: Rajasthan and UP.

2.2 Outcome 2: Mass media, mid-media, and IPC materials for FP/RH and MCH BCC plans developed, pretested, and produced

IHBP will continue to provide technical support to the FP and MH Divisions on the above-referenced campaigns. The project will provide prototype materials in Hindi. Media placements and mass production of print materials will be the responsibility of the MOHFW.

2.2.1 Develop, pretest, and finalize prototype materials for FP repositioning and MH campaigns

a. FP repositioning campaign mass media, mid-media, and IPC materials. Pretest and production of the mass media materials (one 60-second TV commercial [TVC] and one 30-second TVC on birth spacing and corresponding radio spots), song, and jingle have been completed. Finalization of the rough cuts of these materials will be done in July 2012. Pretest of four posters and billboards (one on birth spacing, one on condoms, one on intrauterine contraceptive devices [IUCDs], and one on contraceptive pills) was done in June 2012, and revisions will be incorporated based on pretest results in July 2012. Prototypes of these materials, including prototypes of wall paintings and four street play scripts, will be handed over to the FP Division for distribution during World Population Day on July 11. In the meantime, the FP repositioning flipchart and four flyers are being finalized for pretest in July 2012. In August 2012, these materials will be revised and finalized.

b. MH campaign mass media, mid-media, and IPC materials. In June 2012, pretest of the mass media materials (one 60-second TVC on the benefits of four antenatal care practices as gateway behaviors to MH practices, and three 30-second TVCs, one on iron folic acid, one on institutional delivery and 48 hours' stay, and one on Janani Shishu Suraksha Karyakram [JSSK] entitlements, as well as corresponding radio spots) was completed. Based on the pretest results, the TVCs will be finalized in July 2012. The print materials (MH flipchart, four flyers, four posters, billboards, and wall paintings) are being finalized for pretest in early August 2012. After pretest, these materials will be revised and finalized in early September 2012.

c. Innovative information and communication technology (ICT) applications to communicate FP and MH messages. IHBP will develop and test innovative ICT applications to reach ASHAs and specific target groups (males, couples) with FP and MH messages promoted through the FP and MH campaigns. These could be used with mobile phones to reach males with MH messages to be transmitted to their wives, thereby increasing male involvement in MH behaviors. Another approach could be to develop software that would convert key photos and text from the FP or MH flipcharts for loading in mobile phones that ASHAs can use for IPC activities. Innovations will be developed and tested from July to October 2012 for implementation in the pilot districts starting November 2012.

2.3 Outcome 3: Mass media, mid-media, and IPC activities/campaigns implemented by government and private sector organizations

2.3.1 Support state and district levels to launch and implement the FP repositioning and MH campaigns

IHBP will support the MOHFW FP and MH Divisions to launch the integrated FP and MH campaigns in the target states through the following activities.

a and b. Development of an orientation plan and implementation guide for state and district IEC officers on the FP and MH campaigns, including a training video for frontline workers. IHBP will develop the orientation plan and guide from July to August 2012. This will be used by the MOHFW FP and MH Divisions in orienting state IEC and program (FP and MH) officers on the FP and MH campaigns and how to implement these campaigns at the state and district levels. IHBP will also develop a video to orient frontline workers (ASHAs and ANMs) on the two campaigns and their role in leading/supporting community mobilization and IPC activities.

c. Conduct of orientations for state IEC and MH officers of the target states. In August 2012, IHBP will support the MH Division in organizing a 2-day orientation for state IEC and MH officers on the MH campaign. The orientation will be done in Delhi in partnership with the MH Division. The orientation will be an opportunity to distribute the mass media materials, posters, and billboard prototypes and street play scripts to state-level participants. The flipchart and flyers will be distributed in September 2012 once after pretest. During the orientation, a training video will be distributed for use in training district- and block-level teams on the campaign.

d. Training of District Health Education and Information Officers (HEIOs) and trainers of frontline workers on FP and MH campaign messages and materials. IHFP will support training of HEIOs and trainers in the three pilot districts (two districts in UP and one district in Rajasthan). This training will be conducted in October 2012.

e. Assist orientation of district and block IEC officers on FP and MH campaigns in two IHBP intervention states. This will happen in pilot districts and blocks for both the FP and MH campaigns.

2.4 Outcome 4: Mass media, mid-media, and IPC campaigns/activities regularly monitored and evaluated, and feedback provided to relevant ministries and divisions

2.4.2 Conduct evaluation studies for FP and MH campaigns

IHBP will support evaluation studies of the FP and MH campaigns in all the target states and in the pilot districts. Activities include the following.

a. Baseline and endline knowledge, attitudes, and practices (KAP) studies in two pilot districts and blocks. IHBP will conduct a baseline study to determine knowledge, attitudes, beliefs, and practices of key target groups (couples, mothers-in-law) on FP and MH. The baseline study data collection is planned for September to October 2012. *IHBP will conduct an endline study only if required.* The endline will be conducted from July to August 2013.

b. Reach and recall study of FP and MH campaigns. IHBP will support the conduct of reach and recall studies of the FP and MH mass media component of the campaigns in the FP and MH target states. This will be undertaken in early October 2012 or around 2 weeks after

launch of mass media activities. The study will determine the percent of the target population reached that recall the FP and/or MH messages. These studies are the only evaluation tools that IHBP can use, since IHBP will have no control over media placements and distribution of print materials that will be undertaken by the state Departments of Health and Family Welfare using government funds.

c. *Monitoring reports*. In the three pilot districts, IHBP will develop and implement a monitoring system to gather data and feedback from the field on how the community mobilization and IPC activities are being operationalized. The reports from the field will be analyzed regularly and feedback given to the district and block leaders.

IR 3: Community Platforms, Organizations, and Key Individuals (Influencers) Support Improved Health Behaviors

3.1 Outcome 1: Organization and coordination of activities (including communication platforms) for IPC and mid-media at village level strengthened

3.1.1 Assist in implementing community mobilization and IPC activities for FP and MH campaigns in three pilot districts

In the pilot districts and blocks, IHBP will support implementation of IPC activities conducted through the government health system (ASHAs and ANMs) and through nongovernmental organizations (NGOs). As earlier discussed, IHBP will support training of district and block trainers on the FP and MH campaigns. These trainers are expected to echo the training sessions to the ASHAs and ANMs in the pilot blocks. As a parallel set of activities, IHBP will set its grants program in motion through the following activities.

a. *Select pilot districts and blocks*. As earlier mentioned, in July 2012, the three pilot districts will be selected and pilot blocks (around 25 percent of total blocks in each district) identified.

b. *Develop specific community mobilization interventions and IPC activities for IHBP support.* In July 2012, IHBP will develop and finalize a number of interventions that will be supported by the grants program. These will be innovative community mobilization and IPC schemes, including use of ICT technologies to reach frontline workers and specific target groups (couples, males).

c. *Finalize the grants manual and release requests for proposals (expressions of interest [EOIs], requests for proposals [RFPs]) for grants awards*. The grants manual was finalized in July 2012. Later in July, the EOIs and RFPs for the grants programs will be sent to local NGOs based on criteria agreed upon with USAID. These RFPs are for implementation of innovative community mobilization and IPC activities to promote FP repositioning and MH behaviors in line with the FP and MH campaigns. From one to two grants per block will be awarded to NGOs. Each block will cover about 25,000 people and grants will cover a combined population of about 1.5 million.

d. Review grant EOIs and proposals and award grants. From August to October 2012, grants applications will be reviewed and approved by a Grants Screening Committee, which will be formed for this purpose. Grants activities will be awarded for implementation from November 2012 to June 2013 (8 months) in the three pilot districts.

3.2 Outcome 2: Community groups mobilized and trained to organize or facilitate IPC and mid-media at the community level

3.2.1 Facilitate implementation of community mobilization and IPC through grants

The activities to achieve this outcome include the following.

a. Place IHBP staff at district and block levels. To coordinate activities, interact with government officials, and monitor progress, IHBP will place one coordinator at the district level. Subcontracting partner Project Concern International (PCI) will place two community mobilization officers in each block.

b. Train community mobilization grantees. NGOs awarded grants will be trained on various aspects of grant implementation (grant guidelines, financial and technical reporting, USAID regulations, etc.). This will be undertaken immediately after the grants are awarded during the period September to November 2012.

c. Orient/train Block HEIOs and ASHAs in pilot blocks on FP and MH campaigns. In October 2012, IHBP and our partners will assist the district health education officers and district trainers to echo this training to block health education officers and ASHAs in pilot blocks. The training video will be used for this purpose. This activity will be facilitated by PCI in each block.

d. Implement grants activities: community mobilization and IPC. Grants activities will be implemented from November 2012 to June 2013.

e. Conduct bimonthly review meetings with community mobilization partners. During this implementation period, IHBP, through PCI, will conduct bimonthly review meetings with grantees and government partners. Reports from these meetings will be fed back to IHBP.

f. Conduct process documentation of community mobilization and IPC activities and disseminate findings. From November 2012 to June 2013, process documentation of activities will be conducted jointly by PCI and IHBP. This intensive documentation is necessary to closely monitor the process of implementation and to record issues and lessons learned to improve ongoing activities. At the end of the 8-month period, results of the process documentation will be summarized, analyzed, and disseminated.

3.4 Outcome 4: Positive behaviors (improved performance) by health workers and community influencers/members recognized and reinforced

3.4.1 Develop and support recognition scheme

IHBP will support a scheme to recognize positive healthy behaviors adopted by specific target groups, including health providers. This will be implemented regularly through the grants activity implementation from November 2012 to June 2013.

MILESTONES AND WORK PLAN FOR IHBP: JULY 1, 2012–SEPTEMBER 30, 2013

Ministry of Health and Family Welfare: IEC Division

Key Activities		Level					Activity Timeline														Remarks
Sl. No.	Description	National	State	District	Expected Output (Milestone)	AMP Indicators	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
IR 1: CAPACITY STRENGTHENED TO DESIGN, DELIVER, AND EVALUATE STRATEGIC COMMUNICATION AT THE NATIONAL, STATE, AND DISTRICT LEVELS																					
Outcome 1: Organizational structure, management systems and processes, and human resources for SBCC strengthened at national, state, and district levels.																					
1.1.1	**Assist relevant ministries and divisions conduct rapid ONA for BCC. Study completed and results shared with:**				The rapid ONA reports will be used by the Division and IHBP to develop plans for capacity building, TA, and updating strategies and plans	**1.1.1**																This activity involves IHBP staff, short-term consultants, and a consultation workshop with external stakeholders.
a	The IEC Division				Rapid ONA completed																	
b	The NIHFW				Rapid ONA completed																	
1.1.2	**Support BCC capacity strengthening through secondment of long-term consultants**					**1.1.2**																
a	Four consultants in IEC Division, MOHFW				BCC technical unit in place; improved involvement of IEC Division in planning and implementing BCC with program divisions																	For BCC technical unit (two with BCC skill sets, one for capacity building, and one for M&E), one consultant will be placed in July 2012 and the other three by October 2012.
b	One consultant in the NIHFW				IEC Resource Center operational																	For BCC capacity building/resource center coordination.
1.1.3	Assist various ministries establish BCC Resource Center					**1.1.3**																Aside from consultants, this includes consultation meetings with other stakeholders, hiring an agency for digitization and collation, and assistance in staffing and promoting the resource center.
a	BCC Resource Center at the NIHFW																					

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline																Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13		
Outcome 2: SBCC training developed and conducted for improved competencies at national, state, and district levels in evidenced-based SBCC.																							
1.2.1	**Support the government ministries and divisions in developing capacity building plans for their staff**				Capacity building plans/TA plans for the MOHFW and the MIHFW submitted to and approved by key officials	**1.2.1**																	This includes consultations meetings with key stakeholders in relevant divisions and agencies of the Government of India.
a	Assist IEC Division develop a capacity building plan based on findings of rapid ONA				Capacity building plan in place																		Assumption: IEC Division accepts recommendations of the ONA.
b	Assist the NIHFW develop an annual calendar of capacity building initiatives in BCC				Annual training calendar in place																		
1.2.2	**Develop/adapt modules and training materials in SBCC**					**1.2.1**																	All course development will involve testing of module and later its integration into current CB mechanism.
a	Half-day orientation module for senior government officials				Orientation module ready for use																		
b	SBCC module for training ANMs and ASHAs in community mobilization and IPC				SBCC training module in place																		
c	Online course in SBCC for government officials working in IEC at all levels				Online course in SBCC launched																		Need letter from Mission Director-NRHM on training of all IEC personnel in SBCC framework. IHBP will work with Ohio University, which established the online course under C-Change and will adapt this training for India.
d	5-day training course in SBCC for national, state, and district IEC officers				Course materials in SBCC developed																		This will be a 5-day training course implemented in partnership with the NIHFW.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline																Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13		
e	Develop a manual for training state and district IEC officers in M&E of BCC																						Popcouncil will lead this activity, with IHBP involvement.
1.2.3	**Assist in development of BCC planning, management, and monitoring job aids**					**1.2.2**																	
a	Develop BCC resource toolkit				BCC resource toolkit developed																		Resource toolkit to be adapted from NACO tools to be developed.
b	Pretest and finalize toolkit				IEC officers at national level and selected states will be involved																		
1.2.4	**Conduct training for various cadres of health workers in BCC/SBCC**					**1.2.3 1.2.4**																	
a	Half-day orientation to senior government officials in SBCC				Increased understanding of SBCC framework among additional secretaries, joint secretaries, and directors in the MOHFW																		This will need a letter from Secretary (MOHFW) to all divisions.
b	Training of master trainers (national and state) on community mobilization and IPC for ANMs and ASHAs				30 master trainers trained in community mobilization and IPC; ASHA and ANM training plan developed																		To be done with the NIHFW.
C	5-day training of national and state officers on SBCC				120 IEC officers from national and state levels trained																		To be done by the NIHFW with support from IHBP/nodal organization.
d	Training master trainers in the NIHFW in SBCC 5-day training course				8–10 master trainers developed for the NIHFW																		Basic training, then refresher training.
e	Online course training of IEC officers				IEC officers availing themselves of course																		IHBP will promote the course and monitor number of users.
f	Orientation of IEC managers (IEC officers, joint directors, etc.) in relevant divisions on BCC resource toolkit				Two rounds of orientation organized																		

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline																Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13		
g	Training of trainers (SIHFW, State Monitoring Cells, and PSM Departments of about four states) in the NIHFW in BCC M&E				25 national and state trainers trained; state and district IEC officers trained in BCC M&E																		Popcouncil will lead this activity. Separate training of M&E officers is necessary to increase their skills on BCC indicators (outcome, output, process), their measurement, and integration into existing Community Management Information System/ HMIS.
h	Training of district M&E officers by master trainers in two states where pilot districts are located.				120 M&E officers trained from District Health Societies																		Popcouncil will facilitate three trainings in each of the two states. The first will be done by the Council with master trainers as observers. The second will be co-facilitated by the Council and master trainers, and the third will be done by the master trainers with the Council as mentors.
Outcome 3: SBCC nodal organization identified and strengthened at the national level.																							
1.3.1	**Completion of scoping study; selection of one nodal organization for TA to MOHFW**					**1.3.1**																	
a	Share findings of completed scoping study with USAID and the MOHFW				Shortlist of two organizations for proposing to USAID and the MOHFW																		Scoping study completed in June 2012.
b	With USAID and the MOHFW, select nodal agency				One organization selected as nodal agency																		
c	Develop Action Plan, finalize terms of reference, and subcontract the selected agency				Nodal agency subcontracted																		Action Plan basis for subcontract.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline														Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.3.2	**Assist the nodal agency implement its annual work plan**					**1.3.1**															
a	Operationalize Action Plan with nodal agency to IHBP				Action Plan operationalized																Action Plan focuses on TA to IHBP activities with government.
b	Develop capacity building plan for nodal agency				Capacity building plan for nodal agency																
c	Train nodal agency staff in SBCC approaches				Nodal agency staff trained in SBCC																
d	Operationalize capacity building plan				Capacity building plan operationalized																Will be done through mentoring, on-the-job training.
e	Conduct quarterly performance review meetings with nodal agency				Feedback to nodal agency on progress																Nodal agency TA to government increases as quarters progress.
IR 2: ACCURATE AND APPROPRIATE KNOWLEDGE, ATTITUDES INCREASED AMONG INDIVIDUALS, FAMILIES, COMMUNITIES, AND PROVIDERS AT THE NATIONAL, STATE, AND DISTRICT LEVELS																					
Outcome 1: Evidence-based strategic plan and campaigns developed for FP/RH, MCH, HIV/AIDS, and TB.																					
2.1.1	**Assist relevant ministries and divisions gather evidence needed for developing strategic SBCC plans and campaigns**					**2.1.1**															
a	Prepare monographs on lessons from promising BCC practices in MH, FP, and desk reviews of community platforms, incentive schemes				Monographs completed and disseminated																
2.1.3	**Support relevant ministries and divisions develop AAPs and PIPs**					**2.1.2**															
a	IEC Division and selected states				National AAP and state plans with IHBP assistance																In line with government planning cycle.
2.1.4	**New evidence gathered through action research, operations research, qualitative studies on specific BCC interventions/innovations**					**2.1.1**															
a	Conduct operations research on community mobilization through social networks (self-help groups)				Evidence gathered on effectiveness of social networks																Popcouncil – research to be conducted in pilot districts.
b	Conduct operations research on male involvement in FP/MH through use of mobile phones				Evidence gathered on effectiveness of this approach																Popcouncil – research to be conducted in pilot districts.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline															Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
2.1.5	Assist relevant ministries and divisions develop integrated health campaigns					**2.1.2**																MOHFW FP and MH campaigns ongoing.
a	Develop repositioning FP integrated BCC campaign				Campaign plan developed and approved by MOHFW																	
b	Develop material health integrated BCC campaign				Campaign plan developed and approved by MOHFW																	
Outcome 2: Mass media, mid-media, and IPC materials for HIV/AIDS, FP/RH, TB, and MCH BCC plans developed, pretested, and produced.																						
2.2.1	**Support relevant ministries and divisions develop new or adapt existing prototypes for mass media, mid-media, and IPC campaigns**					**2.2.1**																IHBP assistance involves development of prototype materials, media, plan, implementation plan, and support for campaign rollout.
a	Pretest and finalize prototype materials for FP repositioning campaign				TV and radio spots, jingles, posters, flyers, flipchart developed and pretested; prototype materials produced in Hindi; innovative media used																	One 60-second and 1 30-second TVC; 1 60-second and 1 30-second radio commercial; one flipchart; 4 posters; 4 flyers; 1 mobile messaging; 1 song; 1 jingle; 4 wall paintings; 4 billboards; 4 scripts for street plays.
b	Pretest and finalize prototype materials for MH campaign				TV and radio spots, jingles, posters, flyers, flipchart developed and pretested; prototype materials produced in Hindi; innovative media use																	One 60-second and 1 30-second TVC; 1 60-second and 1 30-second radio commercial; 4 posters; 4 flyers; 1 mobile messaging; 1 song; 1 jingle; 4 wall paintings; 4 billboards; 4 scripts for street plays; 1 board game. Flipchart finalization will be in September 2012 and flipchart will be adapted for mobile phone use by ASHAs.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline															Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
c	Develop and test innovative ICT applications to reach ASHAs and target audiences with FP reposition and MH messages				ICT applications developed and tested																	To be tested in 1–2 blocks with grants program implementation development from July to October 2012, including testing; launch November in 2012.
Outcome 3: Mass media, mid-media, and IPC activities/campaigns implemented by government and private sector partner organizations.																						
2.3.1	**Support state and district levels to launch and implement the FP repositioning and MH campaigns**					**2.3.1 2.3.2**																
a	Assist FP Division and MH Division to develop an orientation plan for state and district officials				Orientation plan in place																	For all target states of both campaigns.
a.i	*FP repositioning campaign*																					
a.ii	*MH campaign*																					
b	Develop an implementation guide (including media plan) for state and district IEC officers on FP and MH campaigns and training video for frontline workers				Implementation guide prepared; training video produced																	For all target states of both campaigns: Jul–Aug for guide and media plan Jul–Sep for training films
b.i	*FP repositioning campaign*																					
b.ii	*MH campaign*																					
c	Conduct orientation of state IEC and FP/MH officers on FP and MH campaigns				Orientations conducted in Delhi for state officers																	For all target states of FP and MH campaigns. Implementation guide and training video to be distributed.
c.i	*FP repositioning campaign*																					No need for orientation, as materials will be given to states before July 11, 2012, for World Population Day.
c.ii	*MH campaign*																					Orientation planned for end of August as per meeting with MH Division, June 29, 2012.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline																Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13		
d	Conduct training of district frontline worker trainers on IPC materials and participatory methods; provide TA to training of block frontline workers				Trainings conducted at district and block levels																		For pilot IHBP districts. District trainers will train frontline workers in blocks. IHBP will support district trainers' training and provide TA to block trainings.
d.i	*FP repositioning campaign*																						With PCI.
d.ii	*MH campaign*																						With PCI.
e	Assist orientation of district and block IEC officers on FP and MH campaigns in two IHBP intervention states				Orientations conducted																		For pilot districts and blocks of both campaigns.
e.i	*FP repositioning campaign*																						
e.ii	*MH campaign*																						
Outcome 4: Mass media, mid-media, and IPC campaigns/activities regularly monitored and evaluated, and feedback provided to relevant ministries and divisions.																							
2.4.2	**Conduct evaluation studies for FP and MH campaigns in selected states and district(s)**					**2.4.1 2.4.2 2.4.3 2.4.4**																	
a	Baseline study and endline study				Baseline study completed and disseminated																		For pilot blocks. Endline study to be done if required.
b	Reach and recall study on FP and MH campaigns				Reach and recall studies for FP and MH completed and disseminated																		For all states covered by both campaigns.
c	Monitoring reports				Monitoring reports disseminated																		For pilot districts.
IR 3: COMMUNITY PLATFORMS, ORGANIZATIONS, AND KEY INDIVIDUALS (INFLUENCERS) SUPPORT IMPROVED HEALTH BEHAVIORS																							
Outcome 1: Organization and coordination of activities (including communication platforms) for IPC and/or mid-media at village level strengthened.																							
3.1.1	**Assist in implementing community mobilization and IPC activities for FP and MH campaigns in pilot districts**					**3.1.1**																	
a	Select pilot districts for IHBP support				Districts selected																		Propose two districts in UP, one for FP and one for FP/MH, and one in Rajasthan for MH. Two blocks per district.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline																Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13		
b	Develop specific community mobilization interventions and IPC activities for FP repositioning and MH campaigns				Interventions and models identified																		Promising models like self-help groups, *gaon kalian samiti*, village health and sanitation committees, mothers groups, etc. will be used and innovations in community mobilization and IPC proposed.
c	Finalize grants manual and RFP				Grants manual and RFP finalized																		
d	Advertise grants, review proposals, and award grants for innovative community mobilization/IPC in blocks				Grants awarded for 6 pilot blocks in 3 districts																		Grants advertised to qualified NGOs based on criteria; 1–2 NGOs handle block for total block population coverage of 25,000.
Outcome 2: Community groups mobilized and trained to organize or facilitate IP and mid-media activities at the community level.																							
3.2.1	Facilitate implementation of community mobilization and IPC through grants program					**3.2.1**																	
a	Place IHBP staff in districts and blocks in pilot blocks				Staff recruited and trained (4 FHI 360 and 12 PCI)																		IHBP will place one district coordinator for government liaison, management, coordination of blocks and M&E; PCI will place two staff in each block, one for community mobilization supervision and another for coordination/capacity building.
b	Train community mobilization grantees				Grantees trained																		
c	Orient Block HEIOs and ASHAs in pilot blocks on FP and MH community mobilization and IPC plans and materials				ASHAs trained																		To be supported by PCI.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline														Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
d	Implement grant-supported community mobilization/ IPC plans				Community mobilization/ IPC plans implemented																	Grants will run in tandem with TA to district and block HEIOs for community mobilization and IPC.
e	Conduct bimonthly review meetings with community mobilization partners																					
f	Conduct process documentation of community mobilization activities and disseminate findings																					PCI and IHBP will be involved.
Outcome 4: Positive behaviors (improved performance) by health workers and community influencers/members recognized and reinforced.																					
3.4.1	Develop recognition plan and support implementation through IHBP's grants program				Recognition plan developed and operationalized	**3.4.1**																With PCI.

IV. Work Plan: July 1, 2012–September 30, 2013: Central Tuberculosis Division

A. Background/Introduction

The Revised National Tuberculosis Control Program (RNTCP) is a National Health Programme of the Government of India that aims to consolidate the gains made in the first and second phases of the tuberculosis (TB) program, widen services both in terms of activities and access, sustain progress toward achieving the country's commitment to TB-related targets set by the Millennium Development Goals (MDGs) for 2015, and achieve TB control in the longer term. The Ministry of Health and Family Welfare's (MOHFW) Central Tuberculosis Division (CTD) is responsible for implementation of the RNTCP.

The RNTCP Annual Report for 2011 states that an "effective Advocacy, Communication and Social Mobilization (ACSM) strategy is in place." This confirms the importance of ACSM as envisaged under the STOP TB Strategy under the component "empower people with TB, and communities through partnership." In 2010, the RNTCP conducted regional-level ACSM workshops for key functionaries in the field, hired an advertising agency (RKSwamy BBDO) to develop new TV and radio spots focusing on adherence to treatment and stigma reduction, revised the training module for private practitioners on the technical and operational aspects of TB, and developed a patient information booklet. Under the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 9, organizations have launched district-level ACSM activities in 374 identified districts across the country.

The RNTCP Annual Report 2011 also recognized gaps in systematic planning and implementation of need-based and locally appropriate ACSM activities at state and district levels. A study, "Impact Assessment of RNTCP II Communication Campaign on KAP of Target Audiences," that was conducted among different categories of respondents, including State TB Officers (STOs), State IEC Officers, and District TB Officers (DTOs), had the following recommendations:

- State information, education, and communication (IEC) cells should update their knowledge on ACSM.
- Communities should be involved in the program.
- Training of trainers and health staff should be done at frequent intervals.
- ACSM should be done by private agencies.
- Documentary films should be used to generate awareness about TB.
- Mass media spots should be developed in local languages.
- Capacity building and experience sharing programs should be organized.

The USAID-funded India TB Program (ITBP), managed by PATH, has been providing assistance to the CTD in many technical areas, including ACSM. With IHBP implementation, key responsibilities for USAID's technical assistance (TA) in ACSM on TB have been shifted to

IHBP. Since the ITBP is still ongoing, IHBP and PATH will continue to work collaboratively on ACSM. IHBP will also provide TA on ACSM to other CTD partners.

IHBP's mandate is to provide TA in strengthening capacities in ACSM at the national and state levels. This TA is contained in the IHBP Plan of Action (POA), which was submitted to the CTD on March 26, 2012.

B. IHBP Support for July 2012–September 2013

To implement the POA, IHBP will support the following activities in collaboration with the CTD.

1. Assistance in ACSM planning and strategy development
   a. Updating the ACSM strategy document and developing an urban ACSM strategy for TB
   b. Developing an ACSM Handbook
2. Assistance in implementing the ACSM strategy
   a. Capacity building
   b. Placement of consultants in the CTD
   c. Strengthening capacity to work with a creative agency
3. Advocacy/orientations to media and media training for CTD officials and spokesperson
4. Assistance in developing TB champions in the TB Partnership, an alliance of nongovernmental organizations (NGOs) and other private sector organizations involved in the TB program
5. Support to implement BCC innovations in urban areas

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational structure, management systems and processes, and human resource for social and behavior change communication (SBCC) strengthened at national and state levels

1.1.2 Support BCC capacity strengthening through secondment of consultants

a. Second two BCC consultants to the CTD. IHBP will place two long-term consultants at the CTD, one for ACSM strategic planning and management and one for capacity building/training. Based on CTD request, the capacity building consultant may be placed at the National Training Institute (NTI) in Bangalore. The ACSM strategy consultant will be hired by July 2012, while the capacity building consultant will be hired by August 2012.

1.1.3 Support the CTD procure high-quality services

a. Assist the CTD manage CTD-hired advertisement agency. Through the capacity building consultant and CTD's own staff, IHBP will mentor the CTD to strengthen its capacity to manage the CTD-contracted creative agency. Specific capacities to be strengthened include preparing terms of reference and creative briefs, evaluating creative agency strategy proposals, reviewing creative materials, overseeing pretest of materials, reviewing media

plans, and monitoring and evaluating activities. Once the first consultant is on board in July 2012, this continuing support can be initiated.

1.2 Outcome 2: SBCC training developed and conducted for improved competencies at national, state, and district levels in evidence-based SBCC

1.2.2 Develop or adapt modules and training materials

a. Develop standardized ACSM training module for IEC officers and TB program staff. IHBP and ITBP/PATH will advocate with the CTD to standardize training of IEC officers in ACSM. Once agreed to by the CTD, IHBP and ITBP will form a working group under the CTD's leadership to review all available ACSM training modules and develop a common module, which will be used in ACSM training by the CTD and organizations working in TB. Activities will commence in July 2012 and the standardized module is targeted for finalization in December 2012.

1.2.3 Assist in development of BCC planning, management, and monitoring job aids

a. Develop an ACSM Operational Handbook. IHBP will support the CTD in preparation of an ACSM Operational Handbook. The handbook will serve as a ready reckoner on ACSM and will include, among others things, operational definitions, approaches, processes to develop an ACSM strategic plan, various tools and techniques to use to implement and evaluate ACSM strategic plans, how to plan mid-media and interpersonal communication (IPC) activities, basics of media planning, media advocacy, and how to handle media. The handbook will be for use by program functionaries at national, state, and district levels. The handbook will be developed, pretested, and finalized from July 2012 to December 2012.

1.2.4 Conduct training for various cadres of health workers on ACSM

a. Orient IEC and TB program officers on the ACSM Operational Handbook. IHBP will conduct orientations for national and selected state IEC officers on the toolkit and handbook from January 2013 to February 2013.

b. Train trainers on standardized ACSM module. In collaboration with ITBP/PATH, IHBP will conduct training of 60 master trainers from national and state levels in the standardized ACSM module.

c. Support training of IEC officers at the state level on standardized ACSM module. It is expected that the CTD will subsequently train state-level officers using its own resources and the trained trainers cited above. IHBP, with the nodal organization,[1] will provide TA to these trainings through mentoring of trainers.

[1] A nodal agency or organization is a not-for-profit or for-profit entity that IHBP will identify to groom as a technical assistance agency to the Ministry of Health and Family Welfare, the National AIDS Control Organization, and the Ministry of Women and Child Development and their counterparts in the state for social and behavior change communication.

d. Conduct media training for CTD officials. IHBP will conduct training for CTD officials and spokespersons on how to face the media. This will involve improving skills on handling media interviews, responding to inaccurate reports on TB issues, crisis management, and sustaining effective media relations. Aside from actual interactive training sessions, a media handbook will be developed and updated on a regular basis. The actual training of the CTD officials is planned in August 2012 and in October 2012.

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individual, Families, Communities, and Providers at National, State, and District Levels

2.1 Outcome 1: Evidence-based strategic plans and campaigns developed for family planning/reproductive health and maternal and child health

2.1.1 Gather evidence for developing strategic SBCC plans and campaigns

a. Conduct rapid needs assessment for ACSM strategy. A rapid situation analysis cum needs assessment on the state of ACSM activities in TB in India will be undertaken to provide information for updating the TB ACSM strategy. This will comprise a review of existing relevant research findings, mail-in surveys of ACSM activities conducted by members of the TB Partnership, and interviews of stakeholders in a selected state. This assessment will be completed by early August 2012.

b. Formative research on diagnostic delay and treatment seeking behavior on TB among urban populations. To develop an urban ACSM strategy, evidence will be gathered to barriers and facilitators to diagnosis and continued treatment on TB in urban areas. This formative research will be conducted by subcontracting partner Population Services International (PSI) from July 2012 to November 2012. Before embarking on this research, PSI will conduct a review of the available existing literature.

c. Monograph on "Good BCC Practices on TB." This monograph will be prepared by September 2012. It will summarize the report on "Good Practices on TB BCC," which has been completed.

2.1.2 Assist in updating BCC strategy or developing new strategy

a. Update ACSM strategy for TB. With ITBP/PATH, IHBP will facilitate updating of the existing TB ACSM strategy from August 2012 to October 2012. This will involve the organization of a national-level consultation workshop with key stakeholders in September 2012 to discuss findings from the situation analysis and to identify/agree on key elements of the strategy and drafting of the strategy for submission by the end of October 2012.

b. Disseminate updated ACSM strategy to states. Once the strategy is approved, IHBP will provide TA to disseminate the strategy to the state level.

c. Develop an urban ACSM strategy. IHBP will support development of an urban ACSM strategy. This will be done in December 2012. Key findings from the formative research will provide further evidence for this strategy.

d. Disseminate the urban ACSM strategy. IHBP will provide TA to dissemination of the urban ACSM strategy from January 2013 to March 2013.

2.3 Outcome 3: Mass media, mid-media, and IPC activities/campaigns implemented by government and private sector organizations

2.3.1 Assist the CTD to improve media relations and reporting on TB

a. Organize quarterly orientations for media practitioners and journalists. To improve media reporting on TB, IHBP will help the CTD in organizing quarterly orientations for media practitioners and journalists on TB issues. These orientations will not only provide correct information, but will also develop the capacity of media practitioners to write or relay more compelling stories that would serve to change people's attitudes and beliefs about TB. These orientations will be held in September 2012, December 2012, March 2013, and June 2013.

b. Track media reports on TB. IHBP will hire a PR/media agency to track articles and relevant stories/reports on TB that appear in the press. This will serve to monitor the effectiveness of the quarterly orientations described above, and the improvement in relations between the CTD and the media. The tracking will also provide timely signals to the CTD on issues that need quick response (e.g., inaccurate reporting) or that could become crisis situations. Tracking will run from September 2012 to August 2013.

IR 3: Community Platforms, Organizations, and Key Individuals (Influencers) Support Improved Behaviors

3.1 Organization and coordination of activities strengthened

3.3.1 Assist TB Partnership in implementing its advocacy agency

a. Develop an advocacy toolkit for TB champions/spokespersons. IHBP aims to strengthen the Partnership's capacity to more effectively advocate for TB policies and issues to various stakeholders. In this regard, the Partnership identified the need for an advocacy toolkit to guide TB Partnership officials and TB champions and spokespersons in their advocacy efforts. IHBP will help develop this toolkit from September 2012 to October 2012. The toolkit will be reviewed after 3 months of use for updating.

b. Support innovative advocacy or community mobilization activities through grants. A small portion of the grants program will be allotted for innovative activities to improve early diagnosis and completed treatment of TB. These will be focused on urban areas and will be open to members of the TB Partnership.

IR 4: Vulnerable Communities Empowered to Seek Health Services and Products

4.2 Outcome 2: Programs to reach vulnerable groups, improve their self-efficacy, and empower them using a rights-based approach planned and implemented

4.2.1 Assist TB Partnership create and train TB champions and spokespersons

a and b. Select and train champions and spokesperson from the affected community as well as celebrities and provide opportunities to speak publicly about TB. One strategy to address stigma and discrimination (S&D) is to identify TB patients, former patients, and their families to provide testimonials about TB. Their "coming out" will serve to dispel myths and misconceptions about the disease. Celebrities, since they are role models, are also effective channels to change attitudes and beliefs about TB. In this light, IHBP will assist the TB Partnership identify, select, and train individuals and willing celebrities to speak publicly about TB and to advocate for TB issues. IHBP will provide these champions and spokespersons with opportunities to speak publicly about TB issues, in media, public meetings, and other forums.

4.2.2 Provide TB spokespersons with opportunities and platforms to speak publicly about TB

b. With assistance from the PR agency, IHBP will work to provide opportunities for these trained spokespersons to speak publicly about TB, from December 2012 to September 2013.

MILESTONES AND WORK PLAN FOR IHBP: JULY 1, 2012–SEPTEMBER 30, 2013

Ministry of Health and Family Welfare: Central TB Division

Key Activities		Level					Activity Timeline														Remarks
Sl. No.	Description	National	State	District	Expected Output (Milestone)	AMP Indicators	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
IR 1: CAPACITY STRENGTHENED TO DESIGN, DELIVER, AND EVALUATE STRATEGIC COMMUNICATION AT THE NATIONAL, STATE, AND DISTRICT LEVELS																					
Outcome 1: Organizational structure, management systems and processes, and human resources for SBCC strengthened at national, state, and district levels.																					
1.1.2	**Support BCC capacity strengthening through secondment of long-term consultants**																				
a	Two consultants in the CTD				Capacity strengthened in planning and monitoring ACSM	**1.1.2**																One for BCC planning and development of tools and products and one for BCC capacity building/training.
1.1.3	**Support various ministries/divisions procure high-quality services through creative and media agencies**																				
a	Help the CTD manage CTD-hired advertisement agency				CTD capacity to manage agency improved	**1.1.2**																On-the-job mentoring to the CTD by consultant and IHBP staff.
Outcome 2: SBCC training developed and conducted for improved competencies at national, state, and district levels in evidenced-based SBCC.																					
1.2.2	**Develop/adapt modules and training materials in SBCC**																				All course development will involve testing of module and, later, its integration into current capacity building mechanism.
a	Develop a standardized training module in ACSM by synchronizing ACSM modules used by PATH and IHBP's SBCC module				Standardized ACSM-SBCC training module developed																	USAID's IHBP and ITBP will work jointly in this effort with involvement of nodal agency.
1.2.3	**Assist in development and use of BCC planning, management, and monitoring job aids**																				
a	Assist the CTD to develop an ACSM Operational Handbook, a self-learning, how-to guide for TB IEC officers				ACSM Operational Handbook available	**1.2.2**																

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline															Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.2.4	**Conduct training for various cadres of health workers in BCC/SBCC**																					
a	Orientation of IEC managers (IEC officers, joint directors, etc.) in relevant divisions on ACSM Operational Handbook				Two rounds of orientation organized by CTD and state counterparts on ACSM Operational Handbook	**1.2.4**																For the orientation, IHBP will print around 100 copies each of tools and handbook.
b	Training of trainers in the standardized ACSM training module				60 trainers trained at national/state levels	**1.2.3**																To be done with PATH.
c	Support training of IEC officers at state level using standardized ACSM module					**1.2.4**																IHBP and nodal agency staff to provide TA.
d	Conduct media training for CTD officials					**1.2.4**																
IR 2: ACCURATE AND APPROPRIATE KNOWLEDGE, ATTITUDES INCREASED AMONG INDIVIDUALS, FAMILIES, COMMUNITIES, AND PROVIDERS AT DISTRICT, STATE, AND NATIONAL LEVELS																						
Outcome 1: Evidence-based strategic SBCC plans and campaigns developed for family planning/reproductive health, maternal and child health, HIV/AIDS, and TB.																						
2.1.1	**Assist relevant ministries and divisions gather evidence needed for developing strategic SBCC plans and campaign**																					
a	Support the CTD in conducting a rapid needs assessment for ACSM				Findings from the needs assessment will form basis of updating the ACSM strategy	**2.1.1**																This consists of desk review, mail-in questionnaires, and observations in selected sites. Consultant to be hired for data analysis and report.
b	Conduct formative research on diagnostic delay and treatment seeking behavior in TB among urban populations				Evidence gathered for urban ACSM strategy	**2.1.1**																Desk review by PSI completed. Desk review reveals the need for conducting research to probe barriers and facilitators in urban settings.
c	Prepare monograph based on good practices review on TB-BCC				Monographs completed and disseminated	**2.1.1**																Based on existing good practices reports.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline															Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
2.1.2	**Assist in updating existing BCC strategy or developing new strategy**																					
a	Assist in updating the ACSM strategy for TB				Updated national ACSM strategy for TB	**2.1.2**																Consultant for ACSM rapid assessment will assist in organizing national-level consultation with key stakeholders and in drafting revised ACSM strategy. To be done with PATH.
b	Support dissemination of ACSM strategy to states					**2.1.2**																IHBP staff and nodal agency to provide TA.
c	Assist the CTD develop an urban ACSM strategy				An urban ACSM strategy in place	**2.1.2**																Based on research from 2.1.1.b and desk reviews, consultation workshop to be organized among stakeholders to get inputs on urban ACSM strategy.
d	Support dissemination of urban ACSM strategy to states					**2.1.2**																IHBP staff and modal agency to provide TA.
Outcome 3: Mass media, mid-media, and IPC activities/campaigns implemented by government and private sector partner organizations.																						
2.3.2	**Assist the CTD to improve media relations and reporting on TB**																					
a	Assist the CTD organize quarterly orientations for media practitioners and journalists				Quarterly media orientations conducted	**2.3.2**																Media briefs, orientation workshop reports.
b	Conduct monitoring of media reports on TB				Monitoring reports	**2.3.2**																PR agency to be hired.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline															Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
IR 3: COMMUNITY PLATFORMS, ORGANIZATIONS, AND KEY INDIVIDUALS (INFLUENCERS) SUPPORT IMPROVED HEALTH BEHAVIORS																						
Outcome 1: Organization and coordination of activities (including communication platforms) for IPC and/or mid-media at village level strengthened.																						
3.3.1	**Assist the TB Partnership in implementing its advocacy agenda**																					
a	Develop advocacy toolkit for TB spokesperson				Media issue briefs, Q&A on issues, life/digital stories developed	**3.3.1**																IHBP will hire a PR/advocacy agency to develop advocacy toolkit. Review the toolkit for revisions/additions.
b	Provide support for innovative advocacy and community mobilization activities through grants				Grants awarded and implemented in urban areas	**3.2.1**																A small portion of the grants program will be allocated for innovations to improve diagnosis and treatment compliance.
IR 4: VULNERABLE COMMUNITIES EMPOWERED TO SEEK HEALTH SERVICES AND PRODUCTS																						
Outcome 2: Programs to reach vulnerable groups, improve their self-efficacy, and empower using a rights-based approach planned and implemented through grants.																						
4.2.1	**Assist the TB Partnership create and train TB champions/spokespersons**																					
a	Assist the TB Partnership in selecting spokespersons from affected community, as well as celebrities willing to be advocates				A pool of TB spokespersons identified	**4.2.1**																IHBP will hire a PR/advocacy training agency to build capacity of TB spokespersons and assist them by providing them the needed platform at the national level to advocate on key advocacy issues.
b	Train TB spokespersons				TB spokespersons trained	**4.2.1**																PR/advocacy agency will train spokespersons on advocacy and public speaking/handling media.
4.2.2	Provide TB spokespersons with opportunities and platforms to speak publicly about TB																					
b	Facilitate media interviews, meetings with key decision makers, speaking engagements among specific publics for TB spokespersons				TB spokespersons speaking publicly to advocate for TB and to address S&D	**4.2.1**																With assistance from PR agency.

V. Work Plan: July 1, 2012–September 30, 2013: National AIDS Control Organization

A. Background/Introduction

On February 14, 2012, the Improving Healthy Behaviors Program in India (IHBP) submitted its proposed Plan of Action (POA) for technical assistance (TA) support to the National AIDS Control Organization (NACO). The POA activities are based on discussions held with the NACO Additional Secretary during a meeting held in on January 24, 2012, during which time IHBP presented a draft plan for TA. The IHBP POA aims to support the behavior change communication (BCC) component of the National AIDS Control Program (NACP) IV, which has three priority thrusts:

- Addressing seven priority areas—Condom Promotion, Youth, Stigma and Discrimination (S&D), Integrated Counseling and Testing Centers/Prevention of Parent-to-Child Transmission of HIV (ICTC/PPTCT), Sexually Transmitted Infections (STIs), HIV-Tuberculosis (TB), and Blood Safety—through focused information, education, and communication (IEC) messages
- Using mass media to cover audiences across the country with special focus on ground-level activities in A and B HIV prevalence category districts, including efforts to address gatekeepers and agents of change
- Addressing youth and women in both rural and urban settings with various target specific programs

B. IHBP Support for July 2012–September 2013

Considering the NACP IV thrusts and specific needs identified by NACO during the January 2012 and subsequent meetings, IHBP TA to NACO for the period July 2012–September 2013 will center on five TA areas. During a meeting with IHBP, USAID and the NACO Additional Secretary on June 27, 2012, NACO confirmed approval for the following IHBP activities:

1. Start-up and operationalization of the National HIV/AIDS Communication Resource Centre (NHCRC)
2. Development of tools for planning, management, and evaluation of integrated BCC campaigns at national and state levels
3. Support to development and implementation of four BCC campaigns through hiring of an ad agency and provision of direct TA; innovations will be included as part of these 360-degree campaigns
4. Conduct of evaluation and reach and recall studies of these four campaigns plus additional studies to be identified by NACO in late 2012 or early 2013
5. Support to the Uttar Pradesh State AIDS Control Society (UPSACS) in development and implementation of their Annual Action Plans (AAPs). During the June 27 meeting, NACO approved provision of technical support to this state in development of its AAP and some support to implementation in selected districts.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational structure, management systems and processes, and human resource for social and behavior change communication (SBCC) strengthened at national and state levels

1.1.2 Support BCC capacity strengthening through secondment of long-term consultants.

a. *Second six consultants to NACO and the NHCRC.* IHBP will support improved BCC planning and management in NACO through secondment of two consultants: one Senior Program Officer (hired in May 2012) and one Account Director, Media (to be hired by August 2012). These consultants will assist the Joint Director, IEC in planning and managing BCC campaigns. To support launch and operationalization of the NHCRC, four consultants are planned for hiring. These consultants will take on the following TA in one or a combination of the following functions: strategic BCC planning and management; capacity building; data collection cum knowledge management; research and evaluation; and documentation. IHBP is drafting scopes of work (SOWs) for these four consultants. Considering that the SOWs of these consultants have yet to be finalized and approved by NACO, it is expected that the four positions will be filled by October 2012.

1.1.3 Assist in establishing Resource Center

a. *Support launch and operationalization of the NHCRC.* NACO proposes to establish the NHCRC as the gateway for all HIV/AIDS-related communication activities. The NHCRC is envisioned as a media resource center, a communication professionals' resource pool, an evidence-based research repository, the source of tested communication management tools to plan integrated campaigns, and a communication capacity building hub for all IEC staff at national and state levels. Aside from providing four consultants, IHBP will provide technical support in the start-up, operationalization, and sustained strengthening of the NHCRC through the following activities: digitization of content, classification and cataloguing of content, development of a physical library, design and development of a digital library and information portal, and initial subscription to journals (online and physical). Since discussions are still ongoing within NACO on the final concept and structure of the NHCRC, it is projected that these aforementioned activities will be initiated in October 2012.

1.2 Outcome 2: SBCC training developed and conducted for improved competencies at national, state, and district levels

1.2.3 Develop a BCC toolkit and job aids to guide IEC officers in planning, managing, and evaluating BCC campaigns and activities

a. *Develop a BCC toolkit on HIV/AIDS BCC*. NACO has a number of BCC consultants funded by various donors who are providing technical support in various areas of BCC programming and implementation. Rather than providing training, NACO identified the need for a toolkit that would guide IEC officers at national, state, and district levels on planning,

implementation, and evaluation of BCC activities on HIV/AIDS. IHBP will develop this toolkit in close collaboration with NACO. A review of NACO's existing tools and job aids will be done, after which a discussion with key NACO IEC and program staff will be implemented to gather specific tools that need to be adapted or developed. Development, pretesting, and finalization of the toolkit will occur from July 2012 to November 2012.

b. *Orient national and state IEC officers on the BCC toolkit*. Once the toolkit is finalized, IHBP will facilitate an orientation of national and state IEC officers on the toolkit in December 2012.

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Outcome 1: Evidence-based strategic plans developed for HIV/AIDS

2.1.1 Assist relevant ministries gather evidence needed for developing strategic SBCC plans and campaigns and specific BCC interventions

a. *Prepare monograph based on Good BCC Practices on HIV/AIDS.* As part of the monograph series, IHBP will prepare a monograph on HIV/AIDS good practices in September 2012.

2.1.3 Support in development of annual action plans (AAPs) and project implementation plans (PIPs)

a. *Support NACO and one State Aids Control Society (SACS) in developing plans*. IHBP will assist NACO and one state (Uttar Pradesh [UP]) to more effectively formulate AAPs and PIPs, and enhance focus on mid-media and interpersonal communication (IPC) activities at the local levels.

2.1.5 Assist relevant ministries develop integrated BCC campaigns

Based on discussions with the NACO Joint Director and other BCC NACO staff, IHBP will support development/adaptation of integrated BCC campaigns in four program areas. IHBP will hire a creative agency for NACO, and IHBP staff will also provide direct TA in various stages of campaign planning and materials development. Immediate action will be taken on the campaign for youth and campaign on S&D targeting health providers.

a. *Campaign targeting youth.* The campaign will promote healthy behaviors among youth. This will include practice of safe sex, saying "no" to drugs, and improving S&D attitudes on HIV/AIDS. A social media component will be an integral part of this campaign.

b. *Campaign to improve health provider attitudes and skills to address S&D on HIV/AIDS.* Preparations for this campaign will be done in July 2012. In lieu of a formative research, IHBP will hold consultation workshops with health providers and people living with HIV (PLHIV) to identify current issues regarding S&D and needs and gaps that an integrated BCC campaign can fulfill. Aside from the workshop, a desk review will be undertaken to summarize previous research studies on health provider S&D, to determine underlying

beliefs, attitudes, and perceptions. To be effective, this campaign will have a strong mid-media, IPC, and capacity building component (training of health providers). IHBP proposes that support for mid-media, capacity building, and IPC be implemented in UP.

c. *Campaign to increase demand for ICTC*. The campaign plan will be developed in October 2012.

d. *Campaign on PPTCT*. The campaign will be developed in October 2012 as well.

e. *Follow-on campaigns to S&D interventions in various settings.* NACO implemented various communication campaigns on S&D in various settings (workplace, schools, etc.). IHBP will assist NACO in developing follow-on campaigns for these completed campaigns, either through adaptation of existing materials or development of new ones. It is projected that this activity will commence in November 2012.

2.2 Outcome 2: Mass media, mid-media, and IPC materials for HIV/AIDS BCC plans developed, pretested, and produced

2.2.1 Develop new or adapt existing prototype materials for mass media, mid-media, and IPC

For the above four campaigns, IHBP will hire an ad agency that will work closely with NACO and IHBP staff to develop and finalize mass media, mid-media, and IPC materials. IHBP will handle pretesting. IHBP will produce prototypes of final materials in Hindi. All replications, mass production, and media placements, including translations in other languages, will be borne by NACO.

a. *Campaign targeting youth.* Materials development will be from September–November 2012 so that the campaign can be launched during World AIDS Days in December.

b. *Campaign for health providers on S&D.* Materials development will be developed from September–November 2012. The mass media component can be launched in December 2012. IHBP will support mid-media, IPC, and capacity building activities in one state (UP) from January to June.

c. *Campaign on ICTC*. Materials adaptation/development will take place from November 2012–February 2013.

d. *Campaign on PPTCT*. Materials adaptation/development will take from November 2012–February 2013.

e. *Follow-on campaigns on S&D in various settings.* From December 2012 to January 2013, IHBP will support development of adaptation of materials for these follow-on campaigns.

For the above campaigns, IHBP will support BCC innovations using information and communication technology (ICT) and other media channels and approaches.

2.4 Outcome 4: Mass media, mid-media, and IPC campaigns/activities regularly monitored and evaluated, and feedback provided to relevant ministry

2.4.1 Support in evaluating BCC campaigns

IHBP will support evaluations of BCC campaigns. Based on discussions with NACO officials, the following evaluation topics are lined up.

a,c,e,g. Reach and recall studies of four campaigns to be supported by IHBP, namely, campaigns targeting youth, S&D among health providers, ICTC, and PPTCT. These reach and recall studies will be undertaken 2 weeks after launch of the mass media component of the campaigns.

b,d,f,h. Evaluations of the four aforementioned campaigns. These evaluations will be conducted after the campaign is over. The main objective of these evaluations is to assess the change in the behavior of the target population after the campaign. The main source of the data will be from service statistics (in case it is on PPTCT, the change in the service uptake by the target population will be assessed). There will be no baseline data to assess the impact of the campaign per se. A trend can be obtained from the service statistics. A survey of a random sample of the target populations of these campaigns will be undertaken and analysis done of the relationship between desired practice/non-practice among those exposed to the specific messages of the campaign and those that were not exposed.

i. Evaluation study of the condom campaign. The evaluation will be done after the campaign is over. The baseline figures could be the studies conducted earlier on the same campaign. This will be quantitative in nature and will assess the change in the perception of condom use (intent to act) and take home message.

Additionally, IHBP will assist two additional evaluation studies to be identified by NACO at a later stage.

IR 4: Vulnerable Communities Empowered to Seek Health Services and Products

4.1 Outcome 1: Knowledge and ability of health providers and community-based workers on stigma on HIV/AIDS improved

4.4.1 Assist NACO implement campaign on S&D addressing health providers

The S&D campaign targeting health providers and youth campaign both have an S&D component that will help achieve this outcome. For the health provider campaign, IHBP will support implementation in selected pilot sites in UP from December to June.

MILESTONES AND WORK PLAN FOR IHBP: JULY 1, 2012–SEPTEMBER 30, 2013

National AIDS Control Organization

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline														Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
IR 1: CAPACITY STRENGTHENED TO DESIGN, DELIVER, AND EVALUATE STRATEGIC COMMUNICATION AT THE NATIONAL, STATE, AND DISTRICT LEVELS																					
Outcome 1: Organizational structure, management systems and processes, and human resources for SBCC strengthened at national, state, and district levels.																					
1.1.2	**Support BCC capacity strengthening through secondment of long-term consultants**																				
a	Six consultants in NACO				NHCRC launched and operationalized; support provided to NACO for BCC	**1.1.2**																Four for NHCRC to be hired in October 2012, one BCC Program Officer hired in May 2012, and one Director (Media) to be hired in August 2012. For NHCRC, Additional Secretary NACO identified the following support needed: BCC strategic planning and management support; research and evaluation; capacity building; data collection/knowledge management; documentation
1.1.3	**Assist various ministries establish BCC Resource Center**																				Aside from consultants, this includes consultation meetings with other stakeholders, hiring an agency for digitization and collation, and assistance in staffing and promoting the resource center.
a	NHCRC at NACO				NHCRC operational	**1.1.3**															

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline																Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13		
Outcome 2: SBCC training develop and conducted for improved competencies at national, state, and district levels in evidence-based SBCC.																							
1.2.3	**Assist in development and use of BCC planning, management, and monitoring job aids**																						
a	Develop a BCC toolkit consisting of self-learning and easy-to-use tools for planning, managing, and monitoring BCC				BCC toolkit developed for HIV/AIDS	**1.2.2**																	IHBP will adapt or develop tools and job aids identified based on discussions with NACO and SACS staff. This will include testing the draft tools for 1–2 months in selected state(s).
b	Orient national and state IEC officers on BCC toolkit					**1.2.4**																	
IR 2: ACCURATE AND APPROPRIATE KNOWLEDGE, ATTITUDES INCREASED AMONG INDIVIDUALS, FAMILIES, COMMUNITIES, AND PROVIDERS AT THE NATIONAL, STATE, AND DISTRICT LEVELS																							
Outcome 1: Evidence-based strategic SBCC plans and campaigns developed for FP/RH, MCH, HIV/AIDS, and TB.																							
2.1.1	**Assist relevant ministries and divisions gather evidence needed for developing strategic SBCC plans and campaigns**																						
a	Prepare monographs on promising BCC practices in HIV				Monographs completed and disseminated	**2.1.1**																	
2.1.3	**Support ministries, divisions develop AAPs and PIPs**																						
a	NACO and one SACS (UP)				State AAPs with IHBP assistance	**2.1.2**																	NACO Additional Secretary gave approval for IHBP to support UPSACS.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline															Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
2.1.5	**Assist ministries, divisions develop integrated health BCC campaigns**																					IHBP's assistance involves development of strategic plan, communication materials prototypes, media plan, implementation guidelines, and support for campaign rollout. Campaign topics were approved by NACO Additional Secretary during a meeting on June 27, 2012. As per Additional Secretary instructions, IHBP will initiate preparations for the youth and S&D health provider campaigns on priority. The ICTC and PPTCT campaigns will be discussed with NACO staff before finalization. Campaign on S&D for health providers will start with consultation workshops among health providers and PLHIV to identify needs and gaps, instead of a formative research.
a	Develop multimedia (including social media) campaign for youth on various issues (S&D re HIV/AIDS, safe sex, drugs)				Campaign plan developed and approved by NACO	**2.1.2**																
b	Develop campaign to improve health provider attitudes and skills to address S&D on HIV/AIDS				Campaign plan developed and approved by NACO	**2.1.2**																
c	Develop campaign to increase demand for ICTC				Campaign plan developed and approved by NACO	**2.1.2**																
d	Develop campaign on PPTCT				Campaign plan developed and approved by NACO																	
e	Develop follow-on campaigns on S&D other stakeholders					**2.1.2**																Follow-on campaigns to previous S&D campaigns will be conceptualized.

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline																Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13		
Outcome 2: Mass media, mid-media, and IPC materials for HIV/AIDS, Fp/RH, TB, and MCH BCC plans developed, pretested, and produced.																							
2.2.1	**Support ministries, divisions develop new or adapt existing prototypes for mass media, mid-media, and IPC campaigns**																						Materials development will be supported by ad agency to be hired by IHBP.
a	Develop prototype materials for youth campaign				Mass media, mid-media, and IPC materials developed, pretested, and produced	**2.2.1**																	
b	Develop prototype materials for S&D campaign targeting health providers					**2.2.1**																	Mid-media, IPC, and capacity building activities from January 2013 to June 2013 in UP
c	Develop/adapt prototype materials for ICTC				Materials developed, pretested, and produced for placement in social media	**2.2.1**																	
d	Develop/adapt prototype materials for PPTCT				Materials developed, pretested, and produced	**2.2.1**																	
e	Develop/adapt materials for follow-on campaigns to previous S&D campaigns					**2.2.1**																	
Outcome 4: Mass media, mid-media, and IPC campaigns/activities regularly monitored and evaluated, and feedback provided to relevant ministries and divisions.																							
2.4.1	**Support NACO in evaluating BCC campaigns and conducting reach and recall studies**																						Aside from nine studies listed below, IHBP will support two additional studies to be identified by NACO. IHBP will hire a research agency on a BPA; thus, the request for proposal phase will be reduced to SOW and budget negotiations.
a	Reach and recall study of youth campaign					**2.4.1**																	
b	Evaluation of youth campaign					**2.4.2 2.4.3 2.4.4**																	

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Activity Timeline															Remarks
Sl. No.	Description	National	State	District			Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
c	Reach and recall study of health provider S&D campaign					**2.4.1**																
d	Evaluation of health provider S&D campaign					**2.4.2 2.4.3 2.4.4**																
e	Reach and recall study of ICTC campaign					**2.4.1**																
f	Evaluation of ICTC campaign					**2.4.2 2.4.3 2.4.4**																
g	Reach and recall study of PPTCT campaign					**2.4.1**																
h	Evaluation of PPTCT campaign					**2.4.2 2.4.3 2.4.4**																
i	Evaluation of condom campaign					**2.4.2 2.4.3 2.4.4**																
IR 4: VULNERABLE COMMUNITIES EMPOWERED TO SEEK HEALTH SERVICES AND PRODUCTS																						
Outcome 1: Knowledge and ability of health providers and community-based workers on gender, stigma on HIV/AIDS, TB, and other forms of discrimination improved.																						
4.1.1	**Assist NACO implement campaign on S&D addressing health providers**					**4.1.1**																Will support implementation of mid-media and IPC components of the S&D campaigns in UP (UPSACS) through grants program for health providers. Based on 2.2.1.b.

VI. Work Plan: July 1, 2012–September 30, 2013: Ministry of Women and Child Development

A. Background/Introduction

The Government of India's Ministry of Women and Child Development (MOWCD) is the nodal organization for implementing the Integrated Child Development Services (ICDS) scheme in India. Launched in October 1975, the ICDS Scheme today represents one of world's largest and unique programs for early childhood development. Three of the five ICDS objectives directly address maternal and child nutrition, namely:

- To improve the nutritional and health status of children in the 0–6 year age group
- To reduce the incidence of mortality, morbidity, malnutrition, and school dropouts
- To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education

Evaluations of the ICDS program in various states indicate that knowledge gained through ICDS information, education, and communication (IEC) activities has not effectively translated into improvements in health and nutrition behaviors in the community due to obstacles at the household, community, and system levels. This lack of improvement has resulted in poor health and nutrition outcomes.

The World Bank's International Development Assistance office aided the ICDS-IV/Reform Project by identifying some of the key reasons for the poor results in improved behaviors. Among these are erratic planning and implementation of IEC interventions within the ICDS; limited technical capacity of service providers as well as program planners; and lack of an evidence-based, focused IEC strategy that is flexible enough to be customized to address the specific communication needs of the communities.

B. IHBP Support for July 2012–September 2013

In line with the Improving Healthy Behaviors Program in India's (IHBP) mandate to strengthen institutional and human resource capacity for behavior change communication (BCC) in maternal and child health (MCH), IHBP will provide limited support to the MOWCD. This support will comprise gathering evidence to improve the organizational structure for BCC, focusing on ICDS and assistance in operationalizing the Nutrition Resource Platform (NRP), a knowledge network initiated by the MOWCD, as a BCC resource center and clearinghouse for BCC activities and materials.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational structure, management systems and processes, and human resource for social and behavior change communication (SBCC) strengthened at national and state levels

1.1.1 Conduct Organizational Needs Assessment for BCC

a. In response to a need identified by the MOWCD to undertake a third-party review of its current capacities in BCC at national, state, and district levels to meet the requirements of ICDS, IHBP conducted an organizational needs assessment of the MOWCD. The study was completed in June 2012 and results will be presented to USAID and MOWCD officials in July 2012.

1.1.2 Support BCC capacity strengthening through secondment of consultants

a. IHBP is placing two consultants at the Nutrition Resource Platform (NRP) to provide TA to the NRP. One consultant (Technical) was hired in June 2012 to support maintenance and operationalization of the IT infrastructure. The second consultant position, the NRP Coordinator, will be hired by August 2012.

1.1.3 Assist in establishment of a BCC Resource Center

a. IHBP will provide support to the NRP in developing ICT innovations for ICDS. This will be mainly TA from July 2012 to December 2012.

MILESTONES AND WORK PLAN FOR IHBP: JULY 1, 2012–SEPTEMBER 30, 2013

Ministry of Women and Child Development

Key Activities		Level					Activity Timeline														Remarks
Sl. No.	Description	National	State	District	Expected Output (Milestone)	AMP Indicators	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
RESULT 1: CAPACITY STRENGTHENED TO DESIGN, DELIVER, AND EVALUATE STRATEGIC COMMUNICATION AT THE NATIONAL, STATE, AND DISTRICT LEVELS																					
Outcome 1.1: Organizational structure, management systems and processes, and human resources for SBCC strengthened at national, state, and district levels.																					
1.1.1	**Assist relevant ministries and divisions conduct rapid ONA for BCC. Study completed and results shared with:**				The rapid ONA reports will be used by the MOWCD and IHBP to develop plans for capacity building, TA, and updating strategies and plan.	**1.1.1**																This activity involved IHBP staff, short-term consultants, and consultation workshop with external stakeholders.
a	The MOWCD																				
1.1.2	**Support BCC capacity strengthening through secondment of long-term consultants**																				
a	Two consultants in NRP																				One NRP Coordinator to be hired in August and one Technical Advisor – IT hired in June
1.1.3	**Assist various ministries establish BCC Resource Center**					**1.1.3**															Aside from consultants, this includes consultation meetings with other stakeholders, hiring an agency for digitization and collation, and assistance in staffing and promoting the resource center.
a	**Assist NRP in developing ICT innovations for ICDS**				Updated BCC content in NRP																TA support:: The MOWCD has budget for actual implementation.

VII. Work Plan: July 1, 2012–September 30, 2013: Knowledge Management

Knowledge management (KM) involves systematically and routinely creating, gathering, organizing, sharing, adapting, and using knowledge to help achieve project goals. KM supports IHBP's goal to improve government capacity to design, deliver, and evaluate strategic communication at all levels: national, state, and district. By improving access to and dissemination of best practices and successful social and behavior change communication (SBCC) activities, for example with stakeholders, KM supports evidence-based communication campaigns. In addition, KM activities disseminate accurate and appropriate information about technical areas and target audience behaviors so that it can be used to create campaigns and specific materials that produce stronger programs and improve health behaviors.

The Improving Healthy Behavior Program in India's (IHBP) KM goal is to ensure that information around SBCC flows and that knowledge is developed, shared appropriately internally across the program and externally to partners, and applied by institutions at the national and state levels and across selected districts in the state. Our KM objectives are to:

- Be a definitive resource for SBCC information in India
- Disseminate state-of-the-art information on SBCC and IHBP lessons learned
- Facilitate broader knowledge sharing around SBCC using communities of practice, workshops, exchanges, and meetings

1. Operationalize and Update Project Website

IHBP is responsible for the complete operationalization of the project website, including orientation to staff/partners on using the website as a knowledge repository for project objectives, goals, and results; yearly plans; key elements of strategic communication in the project; behavior change communication (BCC) and information, education, and communication (IEC) materials developed and used; advocacy approaches; key project indicators; success stories; and training manuals and guidelines. The project website will also be updated per a defined schedule (plus dynamic content), approved content, and an approval policy. The content will be sourced from staff, partners, and other stakeholders.

2. Train IHBP Staff and Subcontractors on Using and Updating the IHBP Intranet

IHBP staff will be trained (in a structured 3-hour training) on using the IHBP intranet (a subcomponent of the project website) as a collaborative platform for posting, updating, and searching/browsing for relevant project-related information/documents.

3. Produce and Disseminate IHBP Quarterly Newsletter

A newsletter editorial panel has been constituted in the project to approve the theme of quarterly newsletters and to assign content focal points. The draft text is edited and typeset in newsletter template before sending the final draft to the USAID Contractor Officer's Representative for approval. The approved newsletter is disseminated to stakeholders including partners.

4. Conduct Review and Recommend New and Innovative Media for Knowledge Sharing and Dissemination

The review and recommendation process has been initiated with an informal situation analysis and internal review of successful interventions using information and communication technology (ICT) tools. The next step will be sharing a concept note with IHBP staff and seeking suggestions. Meetings will be held with service providers for ICT and finally a focused study (visit of project site/facility, meetings, etc.) will be initiated for shortlisted interesting innovations.

5. Support Ministries and Government Bodies in Setting/Strengthening IEC/BCC Resource Center (Virtual and/or Physical)

An important KM function is to provide TA to ministries and government bodies in start-up and operationalization of IEC/BCC resource center. IHBP is currently providing TA to the MOWCD for launch and operationalization of a Nutrition Resource Platform, to the NACO to assist establishment and launch of the NHCRC and has proposed TA to the MOHFW for start-up and operationalization of an IEC/BCC resource center housed in the NIHFW.

MILESTONES AND WORK PLAN FOR IHBP: JULY 1, 2012–SEPTEMBER 30, 2013

Cross-Cutting: Knowledge Management

Key Activities		Level					Activity Timeline															Remarks
Sl. No.	Description	National	State	District	Expected Output (Milestone)	AMP Indicators	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1	Operationalize and update project website	■			Project website updated regularly		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
2	Train IHBP staff and subcontractors on using and updating IHBP Intranet (a subcomponent of project website)	■			IHBP staff and subcontractors trained on using and updating relevant sections of IHBP Intranet					■												
3	Produce and disseminate IHBP quarterly newsletter	■			Newsletter generated and shared with stakeholders on a quarterly basis				■			■			■			■		■		
4	Conduct review and recommend new and innovative media for knowledge sharing and dissemination	■			Innovative tools, e.g., blogs, mobile communication, evaluated and recommended				■	■	■											This involves drafting a situation paper for internal review of innovative media for knowledge sharing and shortlisting promising interventions.
5	Support ministries and government bodies in setting/strengthening IEC/BCC resource centers+ (virtual and/or physical)	■			Improved functioning IEC/BCC resource centers		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	

VIII. Work Plan: July 1, 2012–September 30, 2013: Leveraging

During the proposal stage, the Improving Healthy Behaviors Program in India (IHBP) team identified a number of innovative public-private partnership (PPP) and leveraging ideas that had been discussed with business sector leaders and organizations, such as the Federation of Indian Chambers of Commerce and Industry (FICCI) and the Confederation of Indian Industry (CII). The project's approach to leveraging will endeavor to forge partnerships within a "win-win" setting with commercial companies, civil society organizations, government institutions, international and national donors, and the media.

To date the project has been slow to acquire leveraging. A comprehensive desk review was undertaken to map out the current environment for PPP in the project's four health focal areas (HIV/AIDS, family planning/reproductive health [FP/RH], maternal and child health [MCH], and tuberculosis [TB]). However, during the suspension of AED and restriction of most its activities that was followed by the USAID requested slowdown when the Uttar Pradesh (UP) state focus was removed and an alternative state was being decided, IHBP was unable to establish the underpinnings of a successful leveraging activity. Important prerequisites include implementation activities and a focus state that could be "marketed" to the commercial sector. At this juncture, IHBP has helped government by developing maternal health (MH) and FP campaigns. These activities in the Empowered Action Group (EAG) focus states, and some targeted district-level activities should help the momentum of leveraging increase.

During the remainder of its second year and Year 3, IHBP will work with the commercial sector within the parameters of two general approaches: working with corporate social responsibility programs that are interested in investing in national- or state-level activities and developing sustainable "win-win" situations wherein a company can expand the commercial availability of its relevant health products or services that are a part of its core business, in collaboration with the project and USAID.

1. Outcome 1: Full-time IHBP leveraging staff hired and local consultants as needed by FHI 360

Based on the approved budget and staffing pattern, IHBP has followed two unsuccessful recruitments with a very targeted recruitment with an HR firm. We have a strong shortlisted candidate that we are fully vetting, and we expect to have the person ready for USAID approval in early August. In addition, FHI 360 headquarters leadership for leveraging will be provided by a senior consultant (replacing the previous consultants that for various reasons were not able to continue their consultancies). We will complete the approval process with Salvadore Pappalardo. He and the Senior Private Sector Advisor will make up the core team that will be supported, as required, by consultants (FHI 360) with specific expertise or attributes that will further the leveraging agenda.

2. Outcome 2: Strategy developed and validated through consultation with potentially interested partners

The three activities in this outcome will set the stage for the leveraging program over the remainder of the project. In Year 1, a desk review was conducted by Sorrento Health that

addressed the current situation in India related to corporate social responsibility, PPPs, and the potential mechanisms to engage the private sector in additional health programming. This will be the foundation from which the strategy will be developed. In-person meetings are crucial to expand those initial insights and develop personal relationships. Two trips are planned by the leveraging consultant to meet with potential partners and various corporate umbrella organizations, such as FICCI, as well as to plan and conduct some potentially large-scale meetings to garner private sector interest in additional health programming. Based on these initial meetings, a strategy and timeline will be developed. As organizations buy into leveraging activities, memorandums of understanding (MOUs) will be developed with clear understanding on the expectation of each organization.

3. Outcome 3: Implement leveraging strategy that targets health-related support at the national or state level and that includes private, commercial, and nonprofit sectors and government contributions

Activities under this outcome will include a wide range of efforts that were elaborated on in our strategy submission. A few examples of mechanisms to start leveraging activities include seed money for new activities, matching funds to increase coverage areas of sales forces, and sharing or providing behavior change communication (BCC) materials and messages that can be disseminated through private sector networks. Potential activities include cash contributions that can be programmed for a transport program for facility-based deliveries; free truck messaging; adding health messages into existing health initiatives; additional mass media programs contributed for national airing by government; working with commercial organizations to develop low-cost products and expanding access for them; encouraging PR firms and advertising agencies to provide internships for BCC staff from the nodal organization or universities; sponsoring online social and behavior change communication (SBCC) training courses; expanding health initiatives at the workplace to create partnership hubs of small industries/organizations supported by a large organization to ensure sustained preventative health services (AIDS counseling and testing; immunization for mothers and children, oral rehydration therapy/zinc, etc.); having local NGOs and alliances tap their volunteer networks to further communicate health messages with target audiences; and development of a fellowship program to provide academic training.

MILESTONES AND WORK PLAN FOR IHBP: JULY 1, 2012–SEPTEMBER 30, 2013

Cross-Cutting: Leveraging

Key Activities		Level					Activity Timeline														Remarks
Sl. No.	Description	National	State	District	Expected Output (Milestone)	AMP Indicators	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
Outcome 1: Full-time IHBP leveraging staff hired and local consultants as needed by FHI 360.																					
1.1	Shortlisted candidate interviewed by field staff	■					■														
1.2	Hire staff after USAID approvals	■			Staff hire letter signed			■													
Outcome 2: Strategy developed and validated through consultant with potentially interested partners.																					
2.1	Headquarters consultant travels to India to conduct consultative meetings with potential partners	■							■			■									
2.2	Exploratory discussions held with private sector commercial companies and various organizations, such as FICCI, to determine mutual interests	■	■		Strategy approved				■	■	■	■	■	■	■	■	■	■	■	■	Local consultants hired on an as-needed basis to help target specific organizations or industries.
2.3	Continue meetings, develop relationships and MOUs to clarify roles, responsibilities, and contributions	■	■		MOUs with organizations				■	■	■	■	■	■	■	■	■				Local Consultants hired on an as-needed basis to help target specific organizations or industries.
Outcome 3: Implement leveraging strategy that targets health-related support at the national or state level and includes private, commercial, and nonprofit sectors and government contributions.																					
3.1	Document contributions of cash and in-kind activities conducted by leveraging partners	■			Quarterly documentation of activities conducted and dollar value attributed submitted with USAID quarterly reports					■			■			■			■			